OR INSTITUTION

Journalist

NAME OF DECEASED

Female

13. FATHER'S NAME

5. SEX

CERTIFICATION

(Type or print)

S. Naval

Peter BENCZSKO 15. WAS DECEASED EVER IN U. S. ARMED FORCES?

> >	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 11cm 22b, Film G249 9/25/59 iwk 10377 CERTIFICATE OF DEATH R								
^	1. PLACE OF DEATH G. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If instignation of the virginia backward backward)						
/	b, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpeter Alexandria	orate limits, write RUR					
	d. NAME OF HOSPITAL (If not in haspital, give street	address)	d. STREET ADDRESS						

Hospita]

Ilona

Caucasian WIDOWED

10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN during most af working life, even if retired)

(If yes, give war or dates of service)

First

6. COLOR OR RACE 7. MARRIED T NEVER MARRIED

CÁ	TE OF DEATH									
	RIE OF DEATH	1		Reg. Die	t. No	. 21	5			
	2. USUAL RESIDENCE (WH	ere decease				re odmiss	ion)			
D	Virginia		ATexa	indri	a		V			
Ь	c. CITY OR TOWN (If o	utside carpo	orate limits, write RL	JRAL ond	ive ne	arest town	1)			
	Alexandri	a	8	X	5					
	d. STREET ADDRESS		e. IS RES	IDENCE FARM?						
	7139 Ever		YES [ио 🔽						
	Last	4. DATE OF	Mont	th	Do	у	Yeor			
CO.	ADAMS	DEATH	Septe	ember	,	18	1959			
יוכ	B. DATE OF BIRTH	,	9. AGE (In years lost birthday)	IF UNDER						
]	11-13-09		49 ута	Manths	Doys	Hours	Min			
IDUS	TRY 11. BIRTHPLACE (State	ar foreign c	auntry)	12. CITI.	ZEN OF	WHATC	OUNTRY?			
	Austri	a		U	S.	. A .				
	14. MOTHER'S MAIDEN N	AME								
	unknown									
11	FORMANT		Addr	est						
H	Harold W.	Adar	ns, same	as	#2	abo	ve			
						ERVAL BE				
D-	ma mul	Star 6	-orme		17	42	ar			
		J				7				
		-			-					

NO		(H)	Harord	W. AC	ems, s	une as	#2 above
PART I. DEATH WAS CALL IMMEDIATE	Inly one cause per line for (or USED BY: CAUSE (o) DUE TO	b q s to -	na m	ulti	forn	e	INTERVAL BETWEEN ONSET AND DEATH GEOVE
Conditions, if ony, which gove rise to immediate ause (a), stating the under-ying cause lost.	(b) DUE TO (c)						
PART II. OTHER SIGNIFIC	ANT CONDITIONS CONTRIB	JTING TO DEATH BUT N	OT RELATED TO THE T	ERMINAL DIS	EASE CONDITIO	N GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YEST X NO [7]

20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter notice of injury in Port I or Port II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) factory, street, affice bldg., etc.) Hour o. m. While Not while p. m. of work of wark

Middle

Benczsk

Newspaper

16. SOCIAL SECURITY NO.

(County) (State)

-19-59

19 59 to Sept. 18 21. I certify that I attended the deceased from May and that death occurred at 1035PM, from the causes and on the date stated above ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE_

S. Naval Hospital

PHYSICIAN'S W. H. DRUCKEMILLER, CAPT, MC, USN Bethesda, Maryland

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)

(Stote) Cremation-Shipment CedaraHilleCrematory PrincelGeorge CountyiMd

23-FUNERAL DIRECTOR'S SIGNATURE ADDRESS Punphrey Funeral Hime, Bethesda, Md.

24b. REGISTRAR'S SIGNATURE 24a. REC'D BY REGISTRAR arthur & Frank

VS A15 (4) 15M 9/5B

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Variation Character 21-12-09 45

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

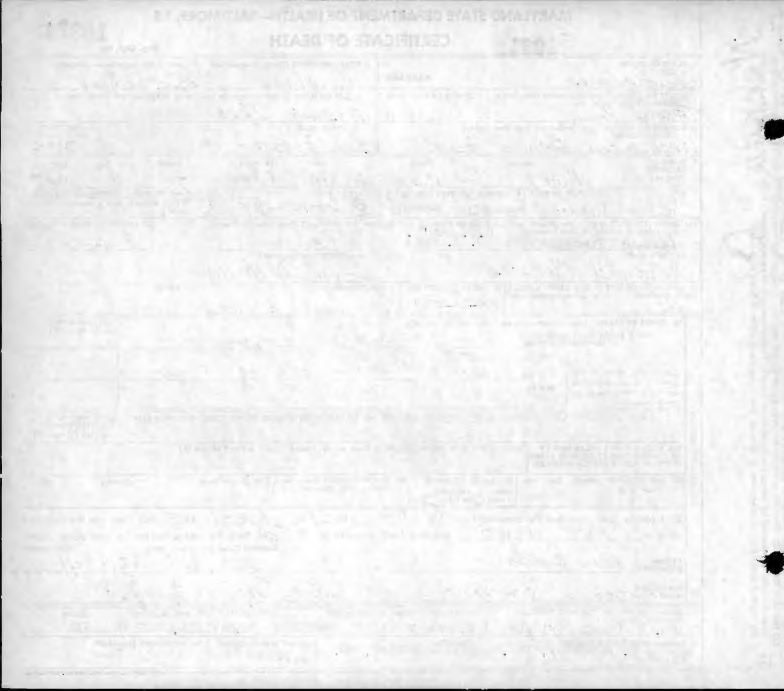
10324

		10340	CERTII	FICA	TE OF D	EATH			Reg. Dist. No	r FAS	44
1.	PLACE OF DEATH O. COUNTY MONT GOMERS	V	MARYE	AND	2. USUAL RESIDE	NCE (When	e deceased li	ved. If institution b. COUNTY	.1.		ssion)
	b. CITY OR JOWN (If outside RURAL and give negrest tow	corporate limits, write	c. LENGTH OF STAY	N Ib	ME CUTY OF TO	WN (If out	side corporati		Rey ond give no		vn)
7	AKOMA PARK	<u> </u>	3 days 14	1.15	TAKON	DA "	PARK	r 17			
1	d. NAME OF HOSPITAL (IF not OR INSTITUTION /	in hospital, give street	HOSP,		806 P	ORESS ORS	ton :	DR.		ON	SIDENCE A FARM? NO K
	NAME OF DECEASED (Type or print)	MARY	CARdine	e	A: Ken	4	OF DEATH	Mont 9	h D	ay	Year 19.5-7
	fe w	h. WIDOW			DATE OF BIRTH	10 -	99	AGE (In years lost birthdoy)	Manths Days	Hours	
		kind of work done 10b even if retired) lographer	U.S. Gov't	RINDUST	PA.	CE (State of	fareign coun	ilry)	12. CHIZEN	OF WHA	A M
1	Villiam H.	Metzler	?		EVA	Me Me	ME /11/	IAN			*
	WAS DECEASEDEVER IN U. S 1, no. or unknown] (It yes, give	war or dates of service!	SOCIAL SECURITY NO. 04-14-9207	17. IN	FORMANT HOSE	Di K	CCOR	d Addr	ess		
	18. CAUSE OF DEATH [Ent		ine for (o), (b), and (c).]		0.6	0		77~	NI NI	FRYAL I	ETWEEN D DEATH
	PART I, DEATH WAS IMMEDI.	CAUSED BY: ATE CAUSE (o)	moc	or	dial	d	Sam	elion	\	IJET AIT	DULAIN
	Canditions, if any, which		iterior	ler	olic (orol	larga	very D.	elas		
	gave rise to immediate couse (a), stating the under						0				
CERTIFICATION	PARE II. OTHER SIGN	IFICANT CONDITIONS	CONTRIBUTING TO DEA	TH BUT N	IOT RELATED TO T	HE TERMINI	AL DISEASE C	ONDITION GIV	EN IN PART 1(o)	PERF	AUTOPSY ORMED?
	20g. ACCIDENT WAS UNDER OR CONTRIBUTING CAUS (IF EITHER, NOTIFY MEDICAL	RYING THE 20b. DES	SCRIBE HOW INJURY OF	CURRED.	(Enter noture of i	njury in Pa	rt I or Part II	of item 18.)			
MEDICAL	20c. TIME OF INJURY Month Hour o. m. p. m.	h, Day, Year 20d. I White of wa	Not while	20e. PLAC	CE OF INJURY (Ho ory, street, office b	me, form, ldg., etc.]	20f. (City or	town)	(County)	(Stote)
	21. I certify that I att	lended the decea	sed from VC	Color	1954	toS	2004	11, 19.55	that I last s	aw the	deceased
	alive on	12, 19	9.7., and that	death o	occurred at			he causes a	nd on the de		
	ACTUAL BOUG	Rabbai		M.	D. 1019	ten	DORESS (Street	1, city or town, 1	roul Es	5 9	LIDE
	PHYSICIAN'S BORIS	s RA	BKIN		Sil	eg!	Syri	197	ulad)	/ / /
	BURIAL, CREMATION, 22b. REMOVAL (Specify) ANS, & BURIAL	9/15/59	SHENNANGO		CREMATORY LEY CEME			N (City, lown, a	r county) PENNSYLV	(Sta	
27	FUNERAL DIRECTOR'S SIGNAL ARNER E PUMPE Raymond A. Z.	IREY ING.	STLVER SP	RING	, MD. 2	AG. REC'D	BY REGISTRAL 1 4 '59		TRAR'S SIGNATU		

may be retained to TO FUNERAL DIF page 3 shauld be the registrar prior h TO HOSPITAL OR VS A15 (4) 15M 10/57

"the hospital or attending physician.

OR: After this certificate has been signed by the attending physician and campletely filled in by etached far use as the burial-transit permit. Then please remove carbon papers. Pages I and 2'ta burial, crematian, ar remaval, and in any event within 72 haury after death.



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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
10378 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

10325

						Keg. Di	31. 140.
). PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE	(Where decease	d lived. If institution: Resider	ice before admission)
MONTGOMER	Y		MARYLAND	MARYL	AND	b. COUNTY MONTGOMER	Y
	f outside corporate limits,	write c	LENGTH OF STAY IN 16			orate limits, write RURAL and	
OLNEY			4 DAYS	X GALTHE	ERSBURG	R.F.D.	# 2
OR INSTITUTION	AL (If not in hospital, giv		fress)	d. STREET ADDRES			e. IS RESIDENCE ON A FARM?
MONTGOMERY	COUNTY GENE	RAL H	OSPITAL, INC				YES NOXX
3. NAME OF DECEASED (Type or print)	First		Middle	Lost	4. DATE OF DEATH	Manth	Day Year
S. SEX	6. COLOR OR RACE		BOGARD	ARMSTRO	IG	SELIFURE	
MALE		· MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE (In years last birthdoy) 86 yrs.	1 YEAR IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATIO	N (Give kind of work do	ne 10b. Kir	ND OF BUSINESS OR INDL	ISTRY 11. BIRTHPLACE IS	tate or foreign o		IZEN OF WHAT COUNTRY
during most of worl	ing life, even if refired)	_	_				
Retired	Farmer	OW	n Farm	VIRG		U	SA
13, FATHER'S NAME				14: MOTHER'S MAID	EN NAME		
OLIVER	ARMSTRONG	and in		JANE DA	VIS		
	R IN U. S. ARMED FORCE		CIAL SECURITY NO. 17.	INFORMANT		Address	
No			No	HOSPITAL RE	CORDS	OLNEY,	Mp.
IR CAUSE OF DEA	TH [Enter only one cous	e per line t		A AL KE		,	INTERVAL BETWEEN
	TH WAS CAUSED BY:	pa	or fall fall out felt.	0	r 11	+//:	ONSET AND DEATH
	IMMEDIATE CAUSE (a)_		11118	1000	LA U	in wines	4 10000
4-20.0	DUE TO	-		0 4			1/
Conditions, if o	ny, which) as		(Prile.	1 20 10	101		Maken
gove rise to in	mmediate (10000			1/1
couse (o), stoting	the under-						0
lying couse lost.	(c)_	-					
OF PART III. OTH	IER SIGNIFICANT CONDI	TIONS <u>COP</u>	NTRIBUTING TO DEATH BU	NOT RELATED TO THE T	ERMINAL DIŞEAS	E CONDITION GIVEN IN PAR	T 1(0) 19. WAS AUTOPSY PERFORMED? YES NO N
PART II. OTH	S UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	Ob. DESCRI	BE HOW INJURY OCCURRE	ED. (Enter nature of injury	r in Port I or Por	rt II of item 1B.)	
\$ 20c. TIME OF INJUR	Y Month, Day, Year	20d INIII	IRY OCCURRED 20e. PI	LACE OF INJURY (Home,	5 1 204 (Cin	u an tauwal	2 44 40 44
20c. TIME OF INJUR Hour o. m.		While	_ Not whilefo	ctory, street, office bldg.	elc.)	y or rowing to	County) (State)
₹ p. m.	19	at work	of work			/	
21. I certify th	of I oftended the o	lecensed	from 9/25/	19 5 9to	9/2	9/ 10/59/4011	lost saw the decease
01	191	20 /-	7 1		250	7	
alive on_7_/_		172	7, and that death	n occurred of Oil		if the couses and on t	he date stoted above
/	11Nnn	1		0	ADDRESS IS	treet, city or town, stote)	DATE SIGNE
ACTUAL SIGNATURE	11/11/11	1		MD AM	da AR	me & Rd	912915
	16-				My My 12-		
PHYSICIAN'S NAME (Type)	J. W. BIR	n M	n	0	Suny Sun	VINC MARKIANA	/ /
			2 11115 07 0011		ANDY SPE		
220. BURIAL, CREMATIO REMOVAL (Specify) BUTIAL	A DATE INEREUT		2c. NAME OF CEMETERY C	JR CREMATORY	72d. LOCA	TION (City, lown, or county)	(State)
	Det. 1	59	Rockville		Ro	ckville	Ma
23. FUNERAL DIRECTOR	S SIGNATURE	_	ADDRESS 7	240. 1	REC'D BY REGIST	TRAR 246. REGISTRAR'S SI	
oray w-	Danber	LLa;	ytonsville	Md.	OCT 2"	59 Chillian 2.	Thomas

TO HOSPITAL OR VS A15 (4) 15M 10/57 MEASURE OF DEATH All Princh | In | A 1992 The state of the s

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

		100	70	CERT	IFIC	ATE OF DEATH	1	,	Reg. D	ist. No.	10:	326
1,	PLACE OF DEATH O. COUNTY Montgomes	~~ 100	13	MAR	YLAND	2. USUAL RESIDENCE WHO STATE New Mexico	nere decease	d lived. If institution 6. COUNTY	on: Reside	nce befor	e admiss	ion)
		f outside corporate limi	ls, write	c. LENGTH OF STA	Y IN 16	c. CITY OR TOWN (If o	utside corpo			-	rest town	1)
	Bethesda			11 day	75	Jal		6	8 X-	0		
	d. NAME OF HOSPIT OR INSTITUTION The Clini	AL (If not in hospital, g		oddress)	_Md.	d. STREET ADDRESS Box 635						FARM?
3.	NAME OF DECEASED	Fir		Middl		Lost	4. DATE OF	Mon		Da	у	Year
	(Type or print)	Fran	-	Carol		Awbrey	DEATH	Septe		4	The same of the sa	19 59
5.	Female	White	VIDOW	RIED NEVER MARK		8. DATE OF BIRTH September 22.	1946	9. AGE (In years lost birthday) 12 yrs.	Months	Doys	Hours	ER 24 HRS Min.
100	. USUAL OCCUPATIO		done 10b.	KIND OF BUSINESS		STRY 11. BIRTHPLACE (Slote		ountry)	12. CI	TIZEN O	F WHAT	COUNTR
	Student			None			Texas			U	S.A	•
15.	FATHER'S NAME Frank I. WAS DECEASED EVE	Awbrey R IN U. S. ARMED FOR	CES7 16.	SOCIAL SECURITY N	0. 17. (Bertha Gil	more	RecordAdd	ress			
	No			None	T	he Clinical Co				Ma	ryla	nd
	PART I, DEA	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Test	ne for (o), (b), and (c racerebell).]					INTE	RVAL BE	
	Conditions, if or	DUE TO	Acres	ite Myelogo	enous	Leukemia					3 we	eks
	gave rise to it couse (a), stoling lying couse lost.	mmediate DUE TO				& Renal Infar	ction					
CATION		tasis of L		CONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TERM!	NAL DISEAS	E CONDITION GIV	EN IN PAI	(T 1(o) 1	PERFC	AUTOPSY PRMED?
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Hem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)												
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	20d. I While at wor	NJURY OCCURRED Not while		ACE OF INJURY (Home, form clory, street, office bldg., etc.		or town)	((County)		(Slate
	21. I certify the alive an Sept	at I attended the cember L				accurred at 7:15	AM, fron	n the causes of treet, city or town,	ind on I	last so he dat	te state	decease ed abay

PHYSICIAN'S NAME (Type) LAWRENCE A. GAYDOS, M.D. 220. BURIAL, CREMATION, 22b. DATE THEREOF

ACTUAL SIGNATURE

22c. NAME OF CEMETERY OR CREMATORY

22d. LOCATION (City, fown, or county)

(Stote)

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS

240. REC/D BY REGISTRAR 8 '59

National Institutes of Health

The Clinical Center

Bethesda 14, Maryland

246. REGISTRAR'S SIGNATURE ariling & House

VS A15 (4) 15M 10/57

The planting series have been all . . . • 5-16-16 specific plants of the parties of the second material felician in most service in Manager of the second and the second control of the second control Total to be builded from the business all addings to the second and the second VS A15 (4) 1SM 10/S7

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10341

CERTIFICATE OF DEATH

	Regi em. ive:
1. PLACE OF DEATH O. COUNTY MONTEOMERY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY // NTGOMERY
b. CITY OR TOWN (If outside-corporate limits, frite RUBAL and give neocest form) ARCOMATARK BYRS	c. CITY OR JOWN (If autside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 4300 BALTIMORE AVE,	d STREET ADDRESS 1 1300 BALTIMORE AVE e. IS RESIDENCE ON A FARM? YES [] NO []
3. NAME OF DECEASED (Type or print) OLIVE F.	BADGER 4. DATE Month Doy Year OF DEATH SEPT, 26, 1959
S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH NOV. 12, 1867 9. AGE (In years lift UNDER 1 YEAR IF UNDER 24 MRS. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS 150 most of working life, even if retired)	DARZINGTEN TENNA. 12. CITIZEN OF WHAT COUNTRY
JAKE FLETCHMAN	14. MOTHER'S MAIDEN NAME RHOADES
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or uniquown) (If yes. give wor or dates of service) No. H.E.	WARD E CABLE, 248 PARKAVE, PARK, Md.
18. CAUSE OF DEATH [Enter only one course per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (a) DUE TO Canditions, if any, which gove rise to immediate cause (a), stating the under lying course lost. [b] DUE TO [c]	10 Cardial Andrews Onset and Death
CAIL	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \(\bigcap \ NO \(\bigcap \)
	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED fool work p. m. 19 at work at work	ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
21. I certify that I attended the deceased fram. 127. alive on 7/8, 1957, and that death ACTUAL SIGNATURE SIGNATURE NAME (Type) DEAN H. HARDING 20. SURMAL CREATION AND DATE THEREOF.	ADDRESS (Street, city or town, store) DATE SIGNES N.D. 113 (Norock ST Nov. Wzah 12 DC The ST
220, BURIAL CREMATION, 22b. DATE THEREOF 22c, NAME OF CEMETERY OR FT LIN COLN	CEMETERY BLADDNESSURE KO, JEVENTO MA
STUNERAL DIRECTOR'S SIGNATURE ADDRESS WASH	24/ REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

WATER THE TERMS

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10342 **CERTIFICATE OF DEATH** funeral director, uld be filed with M ond 2 should

Reg. Dist. No. 328

_						
1.	PLACE OF DEATH 6. COUNTY		MARYLAND	2. USUAL RESIDENCE (Who o. STATE	ere deceased lived. If institution b. COUNTY	on: Residence before admission)
\vdash	Ment C	Suffride corporate limits, write	c. LENGTH OF STAY IN 16	M d	ulside corporole limits, write R	Montgomery
	RURAL and give near	(elt tourp)		. 01	A 1	ORAL GIR GIVE HEGIEST TOWNS
-	d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street a	ddress)	d. STREET ADDRESS	Chase	B. IS RESIDENCE ON A FARM?
L	Jas hing	ten Banita	rum & Hospi	14707 C)	LEVY Chase	YES NO
3.	NAME OF U	First	Middle V	Lost	4. DATE Mon	th Day Year
_	(Type or print)	Y2,02	Booz	Banes	DEATH Sep	14 195
5.	SEX		ED NEVER MARRIED	8 DATE OF BIRTH	9 AGE (In years lost birthdoy)	Months Days Hours Min
20.	Male	white WIDOWE	7-0	3-4-94	65 yrs.	
100	during most of working	(Give kind of work done 10b. I g life, even if retired)	CIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY
5	FATHER'S NAME	settler-Cen	Acct. 098,	USCOUT. P	<u> </u>	America
13.	PAINER S NAME	. 0		14 MOTHER'S MAIDEN N	IAME	4
16	WAS THE PACE OF TH	N U. S ARMED FORCES? 16. S	OCIAL SECURITY NO	INFORMANT	h Harri	\$ 0 0
[Ye	s, no, or unknown) (If	yes, give wor or dates of service)	OCIAL SECURITY NO.	0		7013
		JW 2 Acmy		Pt. S C H	art	
		MAS CAUSED BY:	e for (o), (b) and (c)]			ONSET AND DEATH
	I AAT II DEATH	MMEDIATE CAUSE (6)	rumonia			1 WASK
	4 ./	DUE TO	1-1-	PA 0.	. 0	7
	Conditions, if ony gove rise to imp	nadiote	electasis	,00		: / wtyp
	couse (o) stating the lying couse lost.		gestive 1	Least ta	lare	6wKs
0 N	PART II. OTHEI	SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NALD SEASE CONDITION G V	(EN IN PART 1(6) 19. WAS AUTOPSY PERFORMED?
₹						YES NO
CERTIF	200 ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	UNDERLYING CAUSE OF DEATH EDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of item 18.)	
MEDICAL	20c. TIME OF INJURY		£.	ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County) (State
WED	Hour o.m.	19 While at wark	INDI WITTE	ciory, arrest, office blog., etc.	7	
	21. I certify that	t I attended the decease	d from San Com	1856, 1050	xt 14 1859	that I last saw the deceased
	alive an Je	15 18	Ind that death	accurred at 7:75	\/ / / / /	d an the date stated above
	1		to Oho		ADDRESS (Street, city of Jown,	
	ACTUAL SIGNATURE	angly,	a cutton	No. DOA	, Canal a	w 9-14-57
	PHYSICIAN'S -		. 4	N.V.	Kr n. C) ' /
	NAME (Type) c	Tames M. Whit	Tock	Turson	a junch a	Name and the same
220	BURIAL, GREMATION	226, DATE THEREOF	22c. NAME OF CEMETERY C		22d LOCATION (City, town,	
September 1	urial	9/11/59	Ft.Lincoln		Pro Geo. Co.,	Maryland
23	FUNERAL DIRECTOR'S	SIGNATURE	ADDRESS Wash	1, D, C, 24a, REC'I		STRAR'S SIGNATURE

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours The hospital or attending physicion.

Whe hospital or attending physicion and completely filled in b Jack: After this certificate has been signed by the ottending physicion and completely filled in b detached for use as the burial-transit permit. Then please remove carbon papers. Pages I and the hurial: cremation, ar removal, and in any event within 72 hour and death.

TO HOSPITAL OF MOY be retory
TO FUNERAL DISPLANCE Should be the registror prior VS A15 (4) 15M 9/58



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VS A1S (4)

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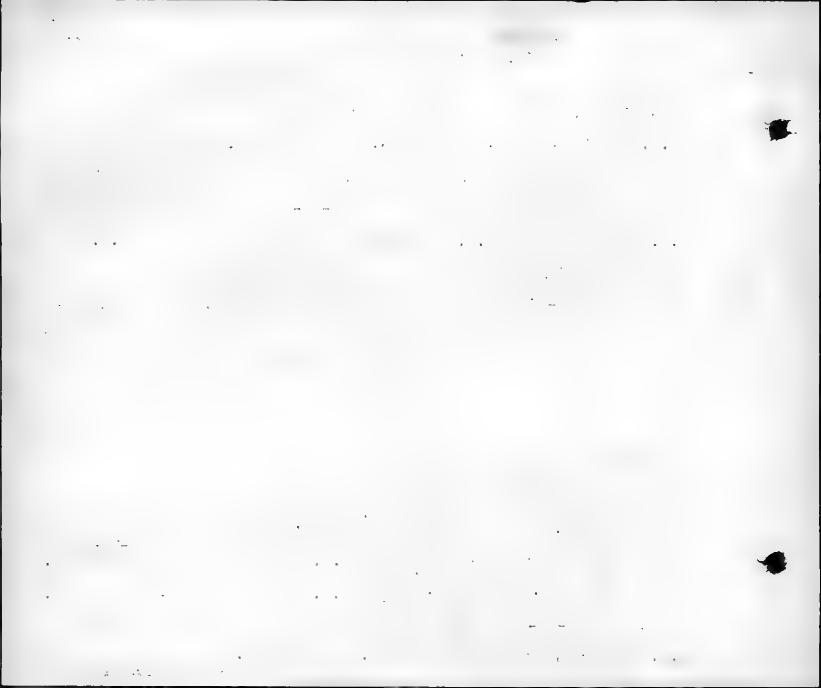
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VS A1S (4) 1SM 10/S7

MARYLAND	STATE	DEPARTMENT	OF HEALTH-	-BALTIMORE,	18
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10330

0381 CERTIFICATE OF DEATH

Rea.	Dist	Mo

									Reg. UIS	r. No.	
1. PLACE OF DEATH o. COUNTY Montgomes	re	,		MAN.	2 USUAL RES	DENCE (WH	iere decease	ed lived. If instituti b. COUNTY		e before adn	nission)
b. CITY OR TOWN (II	outside corporate limi	ts, write	c. LENGTH OF STAY IN	ч 16				orate limits, write F	RURAL and g	ve nearest to	own)
Bethesda	arest town)		91 days		_	ville		70	x A		,
d. NAME OF HOSPITA	AL (If not in hospital, g	jive street (oddress)		d. STREET .	ADDRESS				e. IS I	RESIDENCE
The Clin	Lcal Center	r,Bet	hesda 14, M	d.	110	Annand	ale A	venue			A FARM?
3. NAME OF DECRASED (Type or print)	Dav:		Middle Lee		Bartl	ett	4. DATE OF DEATH	Septe:	_	Doy 2	Yeor 1959
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	25	B DATE OF BIRT	ГН		9. AGE (In years			NDER 24 HRS.
Male	White	WIDOWE	D DIVORCED		January	14, 1	.937	losi-picthdoy)	Months	Days Hou	rs Min.
100 USUAL OCCUPATION during most of work Service Sta	N (Give kind of working life, even if retired Lion Attendam)	done 10b	KIND OF BUSINESS OF Private	INDUS	N	orth C	aroli		12 CITI	U.S.	A COUNTRY
13. FATHER'S NAME	- E D47	. 4. 4.			14 MOTHER						
	r E. Bartle					Stella	-				
IS. WAS DECEASED EVER	IN U. S. ARMED FOR If yes, give wor or dates of s None	CES? 16			FORMANT TH					M . 3 .	4
			43-54-9570	Tn	e Clini	CAT Ce	mter,	Bethesd	g. 174,	Maryla	and .
PART I. DEAS	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (o	Two	e for (o), (b), ond (c).] tracranial	and	subarac	hnoid	hemo:	rrhage		INTERVAL ONSET AN	BETWEEN NO DEATH NOURS
1.34,3	DUE TO					·					
Conditions, if on		Acı	rte leukemia	a .						9	months
gove rise to in couse (o), stating t									-		
lying couse lost	(c)									
PART II. OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	O THE TERMI	NAL DISEAS	E CONDITION GI	VEN IN PART	1(o) 19. WA	S AUTOPSY
3 8	Septicemia										FORMED?
PANT II. OTH COLOR OF THE COLOR	S UNDERLYING CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URREC). (Enter noture (of injury in f	Part i ar Por	t ii of item 18.)			
ZOC. TIME OF INJURY Hour o m. p. m.	Month, Day, Yes	While	IJURY OCCURRED 2 Not while of work	Ge. PLA foc	CE OF INJURY tory, street, offic	lHome, form a bldg , etc.	, 20f. (Cit)	y or town)	(Co	ounty)	(Stole)
21. I certify the	at I attended the	decease	ed from June	3	1959	_, to_Se	ptemb	er 2.1959	that []c	ast saw th	e decease
alive an_Sept	tember 2	, 195	2, and that d	leath	accurred at	2:30	P.M. fran	m the causes of	and an th	e date sta	ated above
ACTUAL SIGNATURE	aurence	a f	Taydow mi	<u>8. </u> ,	The C	Clinic	al Ce	nter		9	-2-59
PHYSICIAN'S NAME (Type)	awrence A	Gay	des, M. D.					stitutes ryland	or He	alth	
220. BURIAL, CREMATION REMOVAL (Specify)	J. 226. DATE THEREC	F	22c. NAME OF CEMET	ERY OF	CREMATORY		22d LOCA	TION (City, town,	or county)	(5)	lole)
Removal	9-3-1959		Green Hill	Ls C	lemetery	-	Ashe	ville,		NC	
23 FUNERAL DIRECTOR'S EVOT TV Fune By	rall Home	ma <i>g</i> et	ADDRESS Fair	rfax	c, Va.	240 REC'I	BY REGIST		ISTRAR'S SIGN		



PLACE OF DEATH COUNTY MONTGOMETY MARKED NAME OF DEATH COUNTY MONTGOMETY DUE TO COUNTY DUE TO COUNTY MONTGOMETY DUE TO COUNTY DUE TO COUNTY	10392	CERTIFICA	AIL OI DEAII	•	Reg. Dist. No
BETH STREET CONTRIBUTION OF THE CONTRIBUTION OF THE PART LOUNDER PART LOUNDER FOR A COURT REACHED TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER TO DEATH BUT NOT RELATED TO THE TERMINAL DEASE CONDITION GIVEN IN PART LOUNDER GOODY, threel, office bidge, etc.) 20 ACCIDENT WAS UNDERLYING: 20 ACCIDENT WAS UNDERLYING	1. PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (Who o. STATE Mary)	ere deceased lived If institute AND b. COUNTY	Montgomery
3. NAME OF DETAIL OF MARKED SOLIAL SECURITY NO. INFORMANT Address Due to remain Part Lord of series Part	Bethesda	l year		utside corporate límits, write R	URAL and give nearest town)
DECEASED (Type or print) ADENA M. BATES STAIN GOLOR OR RACE F. MARRIED NEVER MARRIED	O DICTITUTION			Georgetown	Road ON A FARM?
S. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRTH 1878 9 AGE (in years in the sist birthey) 80 M/s vs 80 M/s vs	3. NAME OF First DECEASED	Middle	Last	4. DATE Mon	th Day Year
Female White WIDOWED DIVORCED DEC. 31. 1880 80 715 77 88 188 180 00xx Month Minn. 12 CITIZEN OF WHAT COUNTRY HOUSEWIFE 13. FATHER'S NAME HENRY DEWITZ 14. MOTHER'S MAIDEN NAME HENRY DEWITZ 15. WAS DECRASEDEVER IN U. S. ARMED FORCES? IT. SOCIAL SECURITY NO. TO THE GOVERNMENT NO 18. CAUSE OF DEATH (Enter only one course per like for (e). (6). (6) ond (c). PART I. DEATH WAS CLUSED BY: Conditions, if only, which gove rise to immediate course (c), stofing the under course (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I (o) 19. WAS AUTOPS: PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BLT NOT RELATED	TADDIE!			gept.	
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HOUSEWITE 13. FATHER'S NAME HENRY DEWITZ 15. WAS DECRASED PVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT NO. NO. Dorthea H. Townsend-daughter-Item #2 INFORMANT PART I. DEATH WAS CAUSED BY: IMMODIATE CAUSE (b) LOUIS OF DEATH (Enter only one coure per liese for (e), (b) and (c). PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART (c) 19. WAS AUTORS PERFORMED WITS OF COURT (c), 19. WAS AUTORS PERFORMED WITS OF CONTRIBUTING CAUSE OF DEATH (FETTERS, INCIDENT WAS UNDERLYING CAUSE (c) THING OF INJURY Month, Doy, Very White Control of the Work of the	101444	77			8 18
13. FATRES NAME	10a USUAL OCCUPATION (Give kind of work done) 10 during most of working life, even if retired)	b. WHO OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	
Henry DeWitz 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. INFORMANT Address) 16. SOCIAL SECURITY NO. INFORMANT Address NO 18. CAUSE OF DEATH (Enter only one couse per lines for (o), (b) and (c). PART I. DEATH WAS CAUSE DY IMMEDIATE CAUSE (o) 19. DUE TO Conditions, if only, which gover rise to immediate couse (o), isoling the under to the under to the security of the under to		MMW Home			U.S.A.
IS. WAS DECEASEDEVER IN U. S. ARMED FORCES? (In. Social SECURITY NO. NOR.) IG. ROOTHONDON (If yes, or year or debte of service) NOR. IB. CAUSE OF DEATH (Enter only one course per lies for (e), (b) and (c). No. (b) and (c). Interval by the course (c), and the course (c) a	13. FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
It Part Death Enter only one course per lings for (o), (b) and (ci.)					
18. CAUSE OF DEATH [Enter only one couse per lings for (o), (b) and (c).] PART I. DEATH WAS CAUSED BY: DUE TO Conditions, if any, which gave rise to immediate couse (o), storing the under typing couse (o). Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED GOOD TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTED GOOD TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(o) PART II. OTHER SIGNIFICANT CONTRIB		6. SOCIAL SECURITY NO.			
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DUE TO Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions, if any, which gove rise to Immediate couse (a), stoling the under tying couse last. Canditions (a) to Immediate the part of the couse of the couse of the couse ond on the date stoled obove ADDRESS (Syfeet, city at lown, stole) DATE SIGNATURE PHYSICIAN'S NAME (Type) Candition (City, Iown, or county)			1. 1 1 1	()	ONTERVAL BETWEEN
Conditions, if any, which gove rise to immediate couse (a), stating the under lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY PERFORMEDA YES NO. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of Idem 18.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) OR CONTRIBUTING Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II of Idem 18.) OR TON THE OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II of Idem 18.) OR TON THE OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II or Part II or It of Idem 18.) OR TON THE OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II or Idem 18.) OR TON THE OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II or Idem 18.) OR TON THE OF INJURY Month, Day, Year 20d INJURY OCCURRED (Enter nature of injury in Part I or Part II or Idem 18.) OR TON THE OF INJURY (Home, form, 20f. (City or Idem) (County) (State) While Not while of work of two work of Injury (Home, form, 20f. (City or Idem)) (County) (State) ACTUAL ADDRESS (Syfeet, city or Idem) (County) (State) ACTUAL ADDRESS (Syfeet, city or Idem) (County) (State) PHYSICIAN'S (AME (Type)) (CITY Idem) (CITY Idem), or county) (State) OR CONTRIBUTING CAUSE OF DEATH (CITY Idem) (CI		-greinouis	metastatie	94-11A61-	7/104/4
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OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTION CAUSE OF DEATH	O FARE II. O'MER SIGNIFICANT COMPITION	-			PERFORMED?
21. I certify that attended the deceased from 19, to 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, to 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alive on 19, that I last sow the decease alinerial sow the decease alive on 19, that I last sow the decease a	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ESCRIBE HOW INJURY OCCURRE	D (Enter nature of injury in f	Part Fair Part II of (tem 18.)	
alive on	O 20c TiME OF INJURY Month, Doy, Year 20d Hour o m. Whi	ile Not while fo	ACE OF INJURY (Hame, farm, clary, street, affice bldg., etc.	20f. (City or town)	(County) (State
alive on	21. I certify that Lattended the dece	osed from 8-12-C)- 1957 10-	9-19-154	that Llast sow the decease
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22c NAME OF CEMETERY OR CREMATORY PERMOVAL (Specify) Cremation 9-23-59 Cedar Hill Crematory Suitland, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS (Syfect, city or town, stole) PHYSICIAN'S (Syfect, city or town, stole) ADDRESS (Syfect, city or town, stole) PHYSICIAN'S (Syfect, city or town, stole) ADDRESS (Syfect, city or town, stole) PHYSICIAN'S (Syfect, cit	J 15	79 7	1000	7	
PHYSICIAN'S NAME (Type) 22a BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CREMATORY 22d. LOCATION (City. fawn, or county) (State) REMOVAL (Specify) Cremation 9-23-59 Cedar Hill Crematory Suitland, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE Pohonts A Dress A Dres	111	11/1/	11 / 11	, ,	
NAME (Type) 22d BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CREMATORY 22d. LOCATION (City. fawn, or county) (State) REMOVAL (Specify) 9-23-59 Cedar Hill Crematory Suitland, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24d. REC'D BY REGISTRAR'S SIGNATURE Pohonts A Promote A Prom	SIGNATURE 27 0 7 C	2-X wr 14	WD 5/0/(07)	un Our My	1-19-59
Cremation 9-23-59 Cedar Hill Crematory Suitland, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR'S SIGNATURE Pobont A Director Standard	PHYSICIAN'S NAME (Type)	Surt 1	11.15 11	uste & D	
Cremation 9-23-59 Cedar Hill Crematory Suitland, Maryland 23 FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE	22a BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town,	ar county) (State)
Pohont A Branch and B 43 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Cedar Hill	Crematory	Suitland. M	Maryland
Robert A. Pumphrey, Bethesda, Maryland PATSEP 24'59 Out at	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24a. REC'I	BY REGISTRAR 245 REGI	STRAR'S SIGNATURE
	Robert A. Pumphrey,	Bethesda, Ma	ryland PATSEP	24 '59 Out	A Known

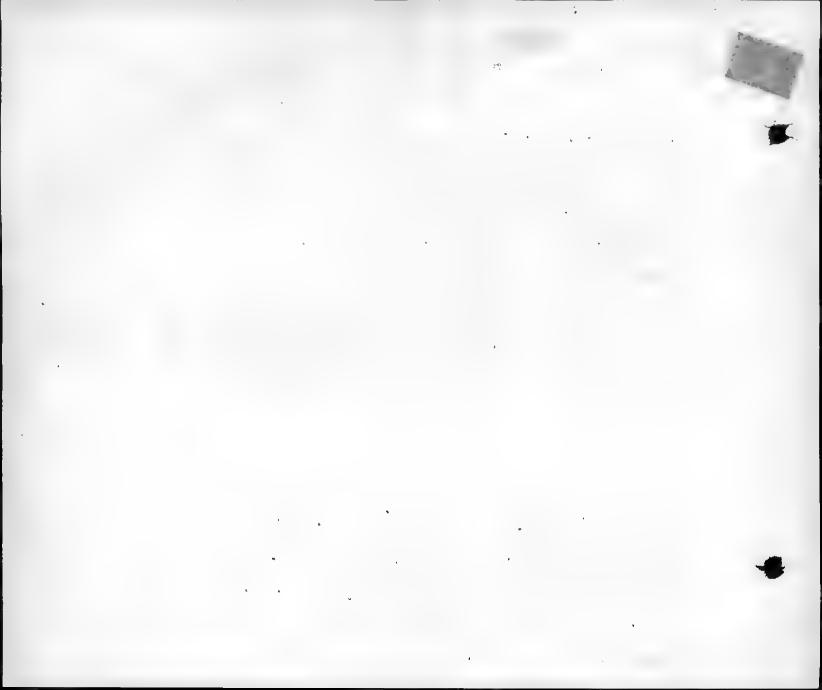
the funeral directar, should be filled with Wer death Page

y filled in by the round

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR ATTENDING PHYSICIANS THE TOP TO HOSPITAL BY THE ASPITAL OF ASSISTANCE AND TO FUNERAL EXECUTORS. After this certificate has been signed by the attending physician and mage. I shauld be detached for use as the burial-transit parmit. Then please remove carbon the semistrar prior to burial, cremation, an error or only one in any event within 72 hours after detached for the semistrar prior to burial, cremation, and in any event within 72 hours after detached for the semistrar prior to burial, cremation, and continued to the semistrar prior to burial.

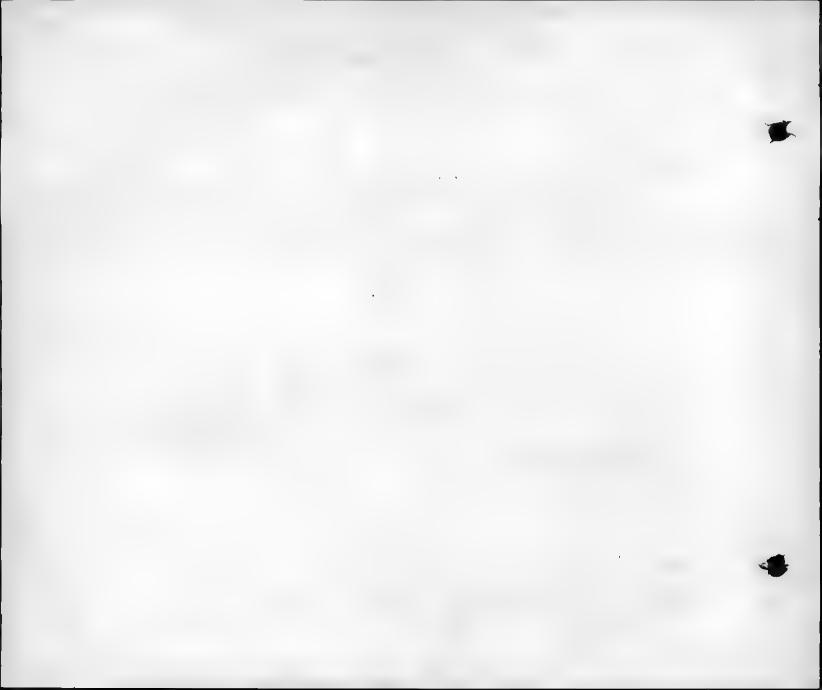
VS A15 (4) 1SM 9/SB



death. Page

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





VS A15 (4) 15M 9/5B

	10384	CERTIFICA	ATE OF DEATH		Reg.	Dist. No.	334
PLACE OF DEATH	Montgomery	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived	If institution, Results, COUNTY MON	dence before odmi tgomery	ission)
RURAL and give		LENGTH OF STAY IN 16	CITY OR TOWN (IF ou		nits, write RURAL or	nd give nearest to	~n]
d. NAME OF HOS OR INSTITUTIO	PITAL (If not in hospital, give street odd 702 Highland Ave	ress) 2.	d. STREET ADDRESS 4702 Hig	hland A	ve.	ON	A FARM?
NAME OF DECEASED (Type or print)	RUFUS C.	Middle	EAVERS Last	4. DATE OF DEATH	Sept.	26 ^{Doy}	Year 1959
Male	White WIDOWED		B. DATE OF BIRTH Jan. 26, 18	187 lost	birthdoy) Month yrs.	S Days Hour	1
Ketired	TION (Give kind of work done 10b. KIN Chesking life, even if retired)	stnut Farm iry	Virgini	.a	12.0	U.S.	COUNTRY
3. FATHER'S NAME John	Thomas Beavers		14. MOTHER'S MAIDEN NA MAI	ry Ann	?		
S WAS DECEASEDE Yes, no. or unknown) NO	VER IN U. S. ARMED FORCES? 16. SOC (If yes, give war or detect of service) 577	07 6506	nformant Wife race E. Beav	vers	Same a	s Item	#2.
	DEATH [Enter only one couse per line & DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o)	oey(o), (b), ond (c).)	I have low	04-2		INTERVAL I	
Conditions, if gove rise to couse (a), statillying couse to	DUE TO tony, which immediate by the under: DUE TO	Coreselent	a Hem	Ouse		10 4	RJ
<u> </u>	OTHER SIGNIFICANT CONDITIONS CON	ITRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	VAL DISEASE CONI	DITION GIVEN IN P	PERF	S AUTOPS' ORMED?
OR CONTRIBUTION (IF EITHER, NOT	WAS JNDERLYING TO 20b. DESCRIB NG CAUSE OF DEATH FY MEDICAL EXAMINER)	BE HOW INJURY OCCURRE	D (Enter noture of injusy in Pr	ort I or Port II of a	lem 18.)		
20c. TIME OF INJ	n. 19 While _		ACE OF INJURY (Home, form, clory, street, office bldg., etc.)		rn)	(County)	(Stote
21. I certify alive an	that I attended the deceased 25 1955			M, from the c		the date state	ed abav ATE SIGNI
PHYSICIAN'S NAME (Type)	LEO I. DONOVAN			ethesda		9-26-	59
urlal (Speci	^(y) 9-29-59		al Cemetery	Wash	ington,	D. C.	ole)
23. FUNLERAL DIRECTO	W. Tunghray Bet	:hesda, Mar	yland 240. REC'D	EP 2 9 '59	246. REGISTRAR'S	SIGNATURE HEALT	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

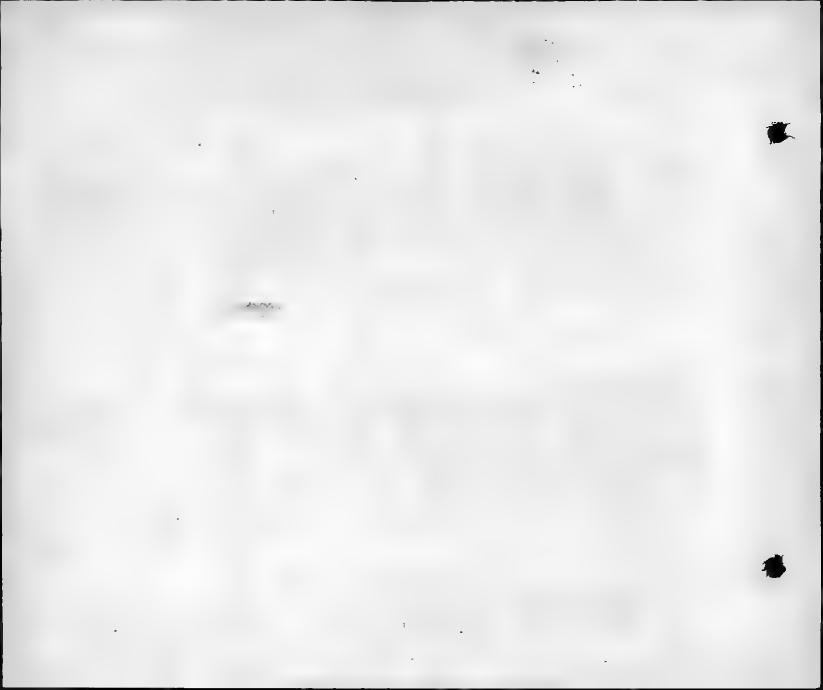
10334 Dist. No.



VS. A15ME(5) 5M 9/55 M

MARYLAND	STATE	DEPARTME	NT OF	HEALTH-	-BALTIMORE	, 18
MEDIC	AL EX	AMINER'S	CERT	IFICATE	OF DEATH	

<u> </u>		10300						Neg. Di.)	
1.	PLACE OF DEATH	70909			2 USUAL RESID	ENCE (Where deco	used lived. If Institu	stiant Resider	ica before	admission)
1	Montgomery Maryland				o. STATE	Mass	b. COUNT	Y Ha	mpde	n 🔻
	b. CITY OR TOWN III outside corporale hinsts, write RURAL c. LENGTH OF STAY IN 1b				c. CITY OR TOWN (If outside corporate timits, write RURAL and give nearest town)					
1	Bethe	sda		8 hrs	Wes	stfield	£	*x .	y.	
\vdash	d. NAME OF HOSPITA	AL OR INSTITUTION (I	f nat in host	itol, give street address)	d. STREET ADI	DRESS		. / / /	10.	IS RESIDENCE
	4	truck) F				Palmer	Ave		i i	ON A FARM?
										
	NAME OF DECEASED	Fin	1	Middle	Lost	4. DATE	Mant		Day	Yeor
L	(Type or print)	Honar	2	J	Begin.	DEATH		Ն 4		19 59
5.	SEX		7. MARRIE	D NEVER MARRIED			9. AGE (In years join highlight)	_		JNDER 24 HRS.
	Male	White	WIDOWED	DIVORCED [April	24,1898	6.1 yrs.	Mogths E	HO HO	urs Min.
100	USUAL OCCUPATIO	ON (Give kind of work o	ane 105. K	IND OF BUSINESS OR INDUS	TRY 11. BIRTHPLAC	E (State or foreign	country)	12. CITIZ	EN OF WI	HAT COUNTRY?
'	Retire	g life, even if refired)	Dai	per-maker	Can	nada			US	
13	FATHER'S NAME			POL MANOL	14. MOTHER'S AV			1	- 00	
	Unkn	07.770				Unknow	P2			
15		ER IN U. S. ARMED FOI	ceen Iv.	OCIAL SECURITY NO. 17.	NFORMANT	CILKION				
(Ya	w, no, or unknown;	EK IN U. S. MEMED POT (If yes, give was as dates of s	ecasca)				Address			
	No		У	es-unknowh	Alvah B	ucknobe	son-in-	Law		
	18. CAUSE OF DEA	TH [Enter only one cau	e per line f	or (a), (b), and (c).]					INTERVAL I	DETWEEN D DEATH
	PART I. DEAT	TH WAS CAUSED BY:	(30	ronary a	eclusio				071	obles
1	4201	DUE TO					-			
	Conditions, if or	11.13		,						
	gove rise to immed	iole come								
	(o), stoting the s									
1,		(c).	WIONE CO	NTRIBUTING TO DEATH BUT	NOT SELLTED TO TH	E TERLININI NICCA	CE COMBITION CIL	JEAL IND DARK	16-1/10-14	CAE ALITOREY
Į	PARI II. OII	IER SIGNIFICANT CON	MIONS CO	NIKIBURNO TO DENIH BUT	NOI KELKIED TO IN	E TERMINALDISEA	SE CONDITION OF	FEN IN FAKT	PE	RFORMED?
⊴		1							YES	NOV
CERTIFICATION	20a. EXTERNAL CAL PRIMARY () or CON CAUSE OF DEATH.	JSE WAS 201	DESCRIBE	HOW INJURY OCCURRED.	Enler nature of Injur	y in Part I or Part	It of item 18.)			•
	CAUSE OF DEATH.									
MEDICAL	20c. TIME OF INJUS	tY Month, Day, Yea			CE OF INJURY (Hos	me, form, 20f. (Ci	ty ar lown)	(Cavi	nty)	(Stote)
AED A	Hoer a.m.	19	While of wor	k at work	loxy, siteel, citics of	og., erc.)				
•		at Ltook charge		emains described abo	ve held an A	utonsy 🗍	Inspection 🔽	Inquie	, (3) ,,	nd find that
	1	•	_	, Accident 🗍, Su		· · · · 	Indetermined	`	<u> </u>	and entro most
	Death resulted	Troite: Majorari	ranses 🏋	J, Accident [], 30	icide [], Hoi	miciae [],	Andereimined i	.cose [].	•	
	ACTUAL F	4 0	12	4			_		10	IN FUND
	SIGNATURE	Curch !	1/2	pretract	M.O. CHIEF MED	NCAL EXAMINER				
	EXAMINER'S	2	50.	4	ASSISTANT	MEDICAL EXAMIN	IER 🗌 💪	7-4-	50	
	NAME (Type)	HALNY (V)	1510	schart	DEPUTY MI	EDICAL EXAMINER				
220	BURIAL, CREMATIO	N, 225. DATE THEREO	F	22c. NAME OF CEMETERY OF	CREMATORY	22d. 1OC	ATION (City, town,	ar caunty)		(State)
B	REMOVAL (Specify)	it 9/4/59		St. Mary's	Cemeterv	Wes	tfield.	Mass		
-	FUNERAL DIRECTOR		1	ADDRESS		la REC'D BY REGI		STRAR'S SIG	_	
	Robert A	. Pumphre	v B	ethesda, Ma	ryland	SEP 8 '5	9 Cut	hun & H	late#	
1-	1100010 11	A se results and a	7			OT FE				



ATTENDING PHYSICIAN: The law requires that the death centificate be executed within 24 hours

the registrar prior

TO HOSPITAL OR may be retail TO FUNERAL D page 3 shauft

VS A15 (4)

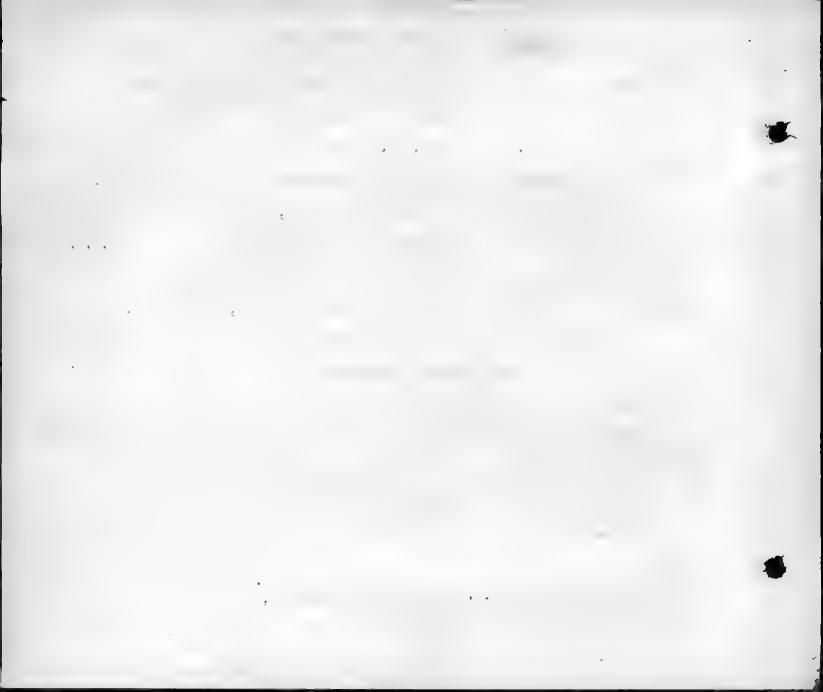
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10200

CERTIFICATE OF DEATH

-	10000	CERTIFICA	HE OF DEATH		Reg. Dist. No.
	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (When a STATE Maryland	re deceased lived If institution b. COUNTY Montgo	n. Residence before admission)
	b CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		lside corparate limits, write RU	
-	Bethesda	ll days	× Bethesda		
	d. NAME OF HOSPITAL (If not in hospital, give street or institution The Clinical Center, B	ethesda Li. Md.	/ d STREET ADDRESS 5209 Chandle	on Stroot	e. IS RESIDENCE ON A FARM? YES TO NO KI
3	NAME OF First	Middle		4. DATE Month	
ı	OECEASED (Type or print) Delbert	Mauritz	Bergenstal	DEATH Septem	/
5		ARRIED NEVER MARRIED 3		9 AGE (In years	FUNDER TYEAR FUNDER 24 HRS
	Male White WIDO	OWED DIVORCED	December 23.	lost birthday)	Months Doys Hours Min
Ī	Oa. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUS	TRY 11 BIRTHPLACE (Stote or	foreign country)	12 CITIZEN OF WHAT COUNTR
ľ	Physician	Government	Misson	prei	U.S.A.
ľ	3. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
L	Carl Bergenstal		Stena Jense	n	
P	S WAS DECEASED EVER IN U. S. ARMED FORCES? Yes, no. or unknown) [If yes, give war or dates of service]	16 SOCIAL SECURITY NO 17. IN	FORMANT The Med	ical RecordAddre	55
	-Mn	Unavailable Th	e Clinical Cer	nter, Bethesda	11. Maryland
	18. CAUSE OF DEATH [Enter only one couse per	r line for (a), (b), and (c)]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY MY	ocarditis due to	Hypekalemia		24 hours
L	TO DUE TO				- 1
ı		st Necrotic Cirr	hosis		2½ Years
1	gove rise to immediate DUE TO				
I.	(-)	emia			2 days
1	PART II OTHER SIGNIFICANT CONDITION		NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVE	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	Staphylococcal Pyelo				YES NO
Centies Cation		ESCRIBE HOW INJURY OCCURRED	. (Enter nature of injury in Po	rt I or Port II of item 18.)	
A DADA	20c. TIME OF INJURY Month, Day, Year 20d		CE OF INJURY (Home, form, ory, street, office bldg., etc.)	20f (City or town)	(County) (State)
1 19	Hour a.m. Whi	rork of work	ory, sneet, office plog., etc.)		
ı	21. I certify that I attended the dece	ased from September	1 1959 to Sep	tember 12 10 59	that I last saw the decease
	alive on September 12 19		accurred at 10:30P	M. from the causes on	d on the date stated above
L		_	AC	ORESS (Street, city or town, st	ole) DATE SIGNE
	ACTUAL SIGNATURE	ENO.	o The Clinica	l Center	9/13/59
ı	ally plants and	8		stitutes of He	alth
	PHYSICIAN'S JOHN P. UTZ.	M.D.	Bethesda Li		
2	20 BURIAL CREMATION, 226 DATE THEREOF	22c NAME OF CEMETERY OR		2d. LOCATION (City, lown, or	county) (Stote)
	Burial 9/16/59	Arlington		Arlington.	
2.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	24o. REC'D	BY REGISTRAR T245 REGIST	RAR'S SIGNATURE
	Robert A. Pumphrey	Bethesda, M	aryland SEF	2 1 5 '59 Chi	Church & Kraus



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Cuthing & Know

		101	227	CERTI	FIC/	ATE OF DEAT	ГН	·	D D.	100	01
1	PLACE OF DEATH D. COUNTY		204			2. USUAL RESIDENCE (Where decease		Reg. Dis		sion)
L	Montgomer			, MARY		West Vir		P COUNTY			*
	b. City OR TOWN (I RURAL and give no	f outside corporate fimi carest town)	its, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (I	If outside corpo	orate limits, write R	URAL and g	ive nearest law	n)
L	Bethesda			32 days	3	New Mart	insvill	Le		7 1-	4
	d NAME OF HOSPIT	'AL (If not in hospital, g	give street	oddress)		d STREET ADDRESS					SIDENCE A FARM?
L	The Clin	nical Cente	r. Be	thesda 14.	Md	Northgat	e Drive	9			NO T
3.	NAME OF DECEASED	Fii	rst	Middle		lost	4. DATE	Mon	lh .	Day	Yeor
	(Type or print)	Li	.sa	Jane	3	Blair	OF DEATH	Septe	mber	1.	19 59
S.	SEX	6. COLOR OR RACE	7 MARR	IED NEVER MARRI	ED 🎉	8 DATE OF BIRTH		9 AGE (In years	IF UNDER I	YEAR IF UND	
	Female	White	WIDOWE	D DIVORCE	D 🔲	August 12.	1954	last birthday) 5 yrs.	Months	Days Hours	Min
10	USUAL OCCUPATIO	ON (Give kind of work ling life, even if retired	done 10b.	KIND OF BUSINESS C	R INDU	STRY 11 BIRTHPLACE (SIG	le ar foreign c	auntry)	12 CITI:	ZEN OF WHA	T COUNTRY
	Child	wild may seem in remittee	'	None		West	Virgin	nia		U. S.	Α.
13.	FATHER'S NAME			<u>- </u>		14. MOTHER'S MAIDEN	NAME				
L	Perry D.	Blair				Glen	na Wagn	er			
15. (Ye	WAS DECEASED EVEL	R IN U.S. ARMED FOR		SOCIAL SECURITY NO	. 17 H			Record Add	ess		
	No. no. or unknown)			None	1 7	The Clinical				Maryl	and
	18. CAUSE OF DEA	TH [Enter only one co	use per lin	e for (a), (b), and (c).				<u> </u>		INTERVAL B	ETWEEN
	PART I DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (0	Ger	neralized	Hemo	rrhages				ONSET AND	DEATH
	54	✓ DUE TO									
	Conditions, if ar	ny, which) (b	Act	ite Leukem	ia w	ith Pancyton	enia			7 Mc	nths
	gave rise to it cause (a), stoting (nmediate (
	lying cause last.	lue oliger-	1								
Z	PART II OTH	ER SIGNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	ATH BUT	NOT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIV	EN IN PART	1(a) 19 WAS	AUTOPSY
CERTIFICATION	Seption									PERFO	PRMED?
E E	20g. ACC DENT WA	S UNDERLYING [] CAUSE OF DEATH	20b. DESC	RIBE HOW INJURY O	CCURRE	Enter nature of injury i	n Part Lar Part	t II of item 18.)			
	IF EITHER, NOTIFY	MEDICAL EXAMINER)									
MEDICAL	20c TIME OF INJURY	f Manth, Day, Yea		JURY OCCURRED	20e. PL/	CE OF INJURY (Home, fo	rm, 20f (City	or town)	IC.	ounly)	(State)
MED	Hour e.m.	19	While at work	Not while at work	Tac	tory, street, office bldg., a	etc)		·		•
	21 I cartify the	at I attended the	decease	ed from July	31	1059 1-St	entembe	r 1 _{, 19} 59	41 . 4 1		
		tember 1	10 5			accurred at 11.31	0P., .	the state of the s	,,rnor i ic	ist saw the	decease
	Gille Gri	1	, · /K-	erry and mar	ueum	accorded of any and		n the causes a treet, city or tawn, :			ed abave ATE SIGNEI
	ACTUAL ZO	eurinez a	?. <i>></i> 5	buildon.		The C		Center	,,,,,,	9/2/59	AIC SIONE
				0				titutes	of Hos	7/-/// 3+h	
	PHYSICIAN'S INAME (Type) I	AWRENCE A.	GAYD	OS, M.D.		Bethe	sda lh.	Maryland	i i	CL OII	
220	-RURIAL, CREMATION	N, 22b DATE THEREO	F	22c NAME OF CEME	TERY OI			TION (City, fown o		15121	مسرحم الماء
	C M.O.V D	119-2-5	9	-			NEL	MART	1/01/	11150	UES
23	FUNERAL DIRECTOR'S	SIGNATURE	_	ADDRESS	1	24g PFI	C'D BY REGIST	RAR 24b. REGIS	TRAR'S SIGN	NATURE	K/7
	WW.Ch	ambers	G .	1400 Cha	Ain	37 hr	ern 4 'F		rl - 4		

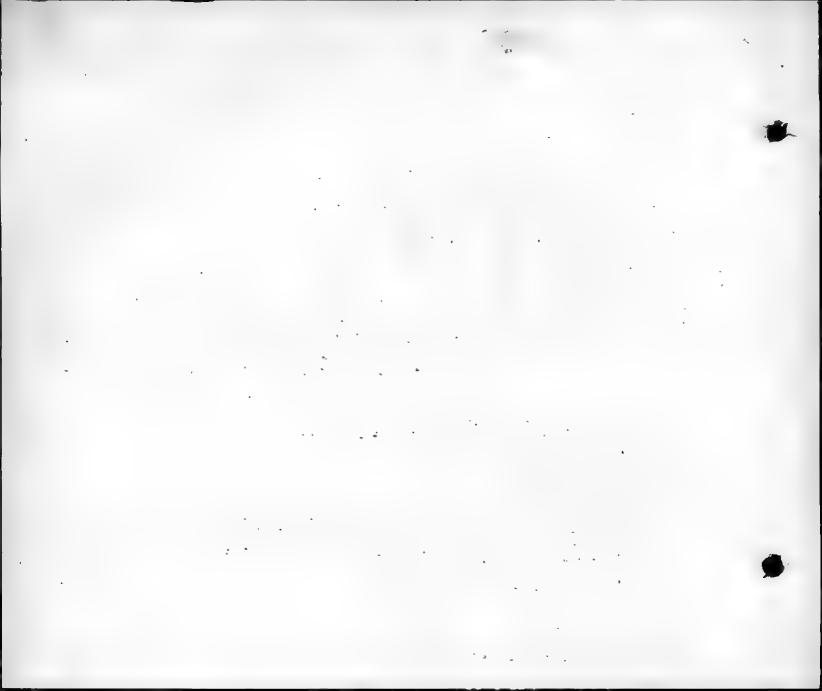
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



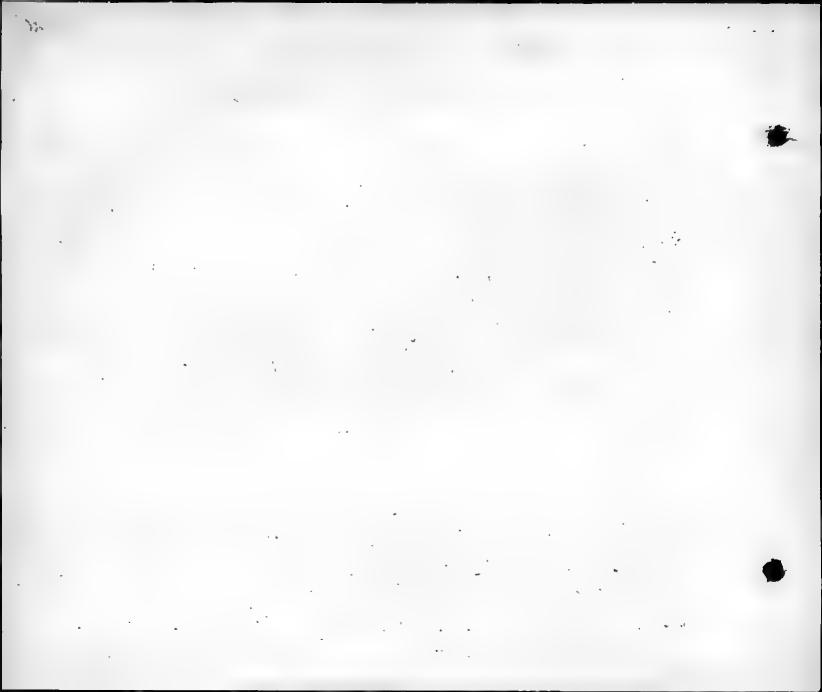
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1	TOSAS CERTIFIC	CATE OF DEATH	Reg. Dist. No.
	1. PLACE OF DEATH O COUNTY () MARYLAND	2. USUAL RESIDENCE (Where deceased lived a. STATE	If institution. Residence before admission) b COUNTY
Ä	b. CITY OR TOWN (If outside perpendie infilts, write c. LENGTH OF STAY IN 16 RURAL and give nearest town)		mils, write RURAL and give learest town
04	d. NAME OF HOSPITAL (If not in hospital give street address) OR INSTITUTION	d. STREET ADDRESS	e is residence on a farm yes no
	3. NAME OF DECEASED (Type or print) A heed Middle	Lost 4. DATE OF DEATH	Manth Day Year 526T. 20 195
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCED	B DATE OF BIRTH 7 - 2 - LO 9. AG los	SE (In years IF UNDER 1 YEAR IF UNDER 24 H Months Days Hours Mir
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if retired)	USTRY 11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTI
	James R B. 1805, Sr.	14. MOTHER'S MAIDEN NAME	HUTCHESON
	15. WAS DECEASED EVER IN U. S ARMED FORCES? (Yes no, or unknown) [If yes, give war or dates of service]	Washington Sinta	Address 4 sp. 21
	18, CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Thrombosis	INTERVAL BETWEEN ONSEL AND DEATH
	Canditions if any, which gave rise to immediate couse (a) stating the underlying couse last. DUE TO (b) CARCINIC COR	cuary Ackery Di	Vide termine
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BE	JT NOT RELATED TO THE TERMINAL DISEASE CON	NDITION GIVEN IN PART 1(0) 19 WAS AUTOP PERFORMED? YES NO
	200 ACCIDENT WAS UNDERLYING 206 DESCRIBE HOW INJURY OCCURI OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Part I ar Port II of	item 18)
		PLACE OF INJURY (Hame, farm, 20f (City or to foctory, street, affice bldg., etc.)	wn) (Caunty) (Sta
	21. I certify that I attended the deceased from 12. and that deal actual signature	th accurred at // AM, from the company of the compa	/ · · · · · ·
	PHYSICIAN'S NAME (Type) OF STATE THEREOF 220 NAME OF CEMETERY	OR CREMATORY 22/10CATION	(Cyty, tawn, ar caunty) (State)
	BURIAL (Specify) 9/23/59 WASH. NAT'L. 3. FUNERAL DIRECTOR'S SIGNATURE ROYMOUD AZISTED RESS 2/1/6.	/	Geo. County, Md.
	WARNERE Sumphrey 51148	SPRING MANE SEP 2 4 '59	Cribus & Krous

ITTINEING ENYSICIAN: The law requires that the death certificate Le executed within 24 hours the haspital or attending physician. may be reta

funeral director,

VS A15 (4) 15M 9/58



CERTIFICATE OF DEATH

70903		Keg. Dist. No.					
1, PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Wh	ere deceased lived.	If institution: Residence be	efore admission)		
MONTGOMERE	MARYLAND	MARGLAN	D	COUNTY 100760	mERG		
b. CITY OR TOWN (If autside carporate limits, write RURAL-and give nearest town)	c. LENGTH OF STAY IN 1b			its, write RURAL and give t	nearest tawn)		
OCTHESDA	15 hRS.	X CHLUV	CHASE				
d. NAME OF HOSPITAL (If not in haspital, give street ago ORINSTITUTION SUBJECTION HOSPIT	idress)	d. STREET ADDRESS	4100	AMOUF	e, IS RESIDENCE ON A FARM? YES NO 🔀		
	Middle	Lost	4. DATE	Month	Day Year		
(Type or print) Benjamin	0	Behiles	OF DEATH	9	16 1959		
5. SEX 6. COLOR OR RACE 7. MARRIE WIDOWED	DIVORCED DIVORCED	B. DATE OF BIRTH	lost	(In years FUNDER TYE birthday) Atouths Day	AR IF UNDER 24 HRS. s Hours Min.		
10o. USUAL OCCUPATION (Give kind of work done 10b. KI during most of working life, even if retired)	IND OF BUSINESS OR INDU	1/ :	ar fareign country)	12. CITIZEN	OF WHAT COUNTRY?		
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME		20.		
XHNXHKWilliam Bowles		Sign	nora	Haee			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SC (Yes, no, or unknown) (If yes, give wor ur dates of service)	1/	ARJORIE H.	Boule:	SAM	o E		
18. CAUSE OF DEATH [Enter only one couse per line	far (a), (b), and (c)]			100	NTERVAL BETWEEN		
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) ME	TASTATIC	CARCINOMA			3 Minorita		
J K DUE TO							
	RCINUMA 7	STOMACH		4	3 MONTH 3		
gove rise to immediate DUE TO		manufacture of the second					
lying cause lost. (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CO	INTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMI	NAL DISEASE CONE	DITION GIVEN IN PART 1(a	PERFORMED?		
	RIBE HOW INJURY OCCURRE	ED (Enter noture of injury in	Part I or Part II of it	em 18.)			
20c. TIME OF INJURY Month, Day, Yeor 20d. INJ Hour a. m. p. m. 19 of work	Not while fo	LACE OF INJURY (Hame, form actory, street, office bldg., etc		n) (Coun	ly) (Stote)		
21. I certify that I attended the deceased	d from	195 ta	Just	., 1958,that I last s	aw the deceased		
alive an	//		N "	ouses and an the do			
ACTUAL SIGNATURE OF OUR OF OUR	2 ml	M.D. 50/6	remojit.	2 9	17/59		
PHYSICIAN'S AEO I O	onovar m	10	Bethenle	marger			
220 BUR'AL, CREMATION, 22b. DATE THEREOF BUTTAL Specify) 9-19-59	22c. NAME OF CEMETERY CONGRESSION	or CREMATORY nal Cem.	Washing	ton, D. C.	(State)		
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS		D BY REGISTRAR	24b REGISTRAR'S SIGNA	TURE		
Robert A. Pumphrey, Be	ethesda, Ma	ryland DATES	2 1 '59	Orthun & Kin	e.4		

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours differ death. Page 4 may be retained the hasp toll or attending physician.

TO FUNERAL I OR: After this certificate has been signed by the attending physician and completely filled in by my funeral director, page 3 should be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours, after death.

VS A15 (4) 15M 9/5B

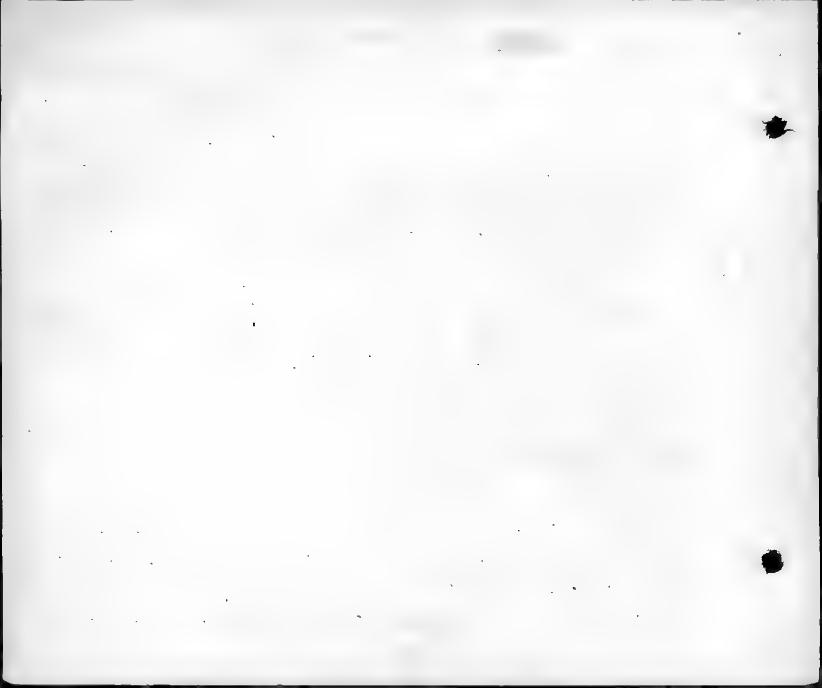


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VS A1S (4)

1SM 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) a. COUNTY a. STATE b. COUNTY MARYLAND RICKTE CALLA MARWIAMA b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town RURAL and give nearest town) d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 2120 IN OUR BAI) ((L/): 10.55 YES NO Middle 4. DATE DECEASED DEATH (Type or print) LUKA 19 IF UNDER 1 YEAR IF UNDER 24 HRS 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9 AGE (In years last birthdoy) Morgelis WHITE DIVORCED | 6 5 yrs. FIRMALE WIDOWED [10a. US JAL OCCUPATION (Give kind of work done 10b KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Home making 171 456 66 4171 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME / FENDARA WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address SAUTIL AS MACUN 18. CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? 0 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20e PLACE OF INJURY (Hame, form, 20f. (City or tawn) Doy, Year 20d. INJURY OCCURRED (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Nat while at wark 🔲 at wark 21. I certify that I attended the deceased fram Zhat I last saw the deceased and that death accurred at A __M, from the causes and an the date stated above ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 22d, LOCATION (City, tawn, or county) BURIAL, CREMATION. 22c. NAME OF CEMETERY OR CREMATORY (State) Rockville, Maryland Parklawn Cemetery **ADDRESS** 24b REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE 240 REC'D BY REGISTRAR -Bethesda, Md. DATE OCT Colling & House



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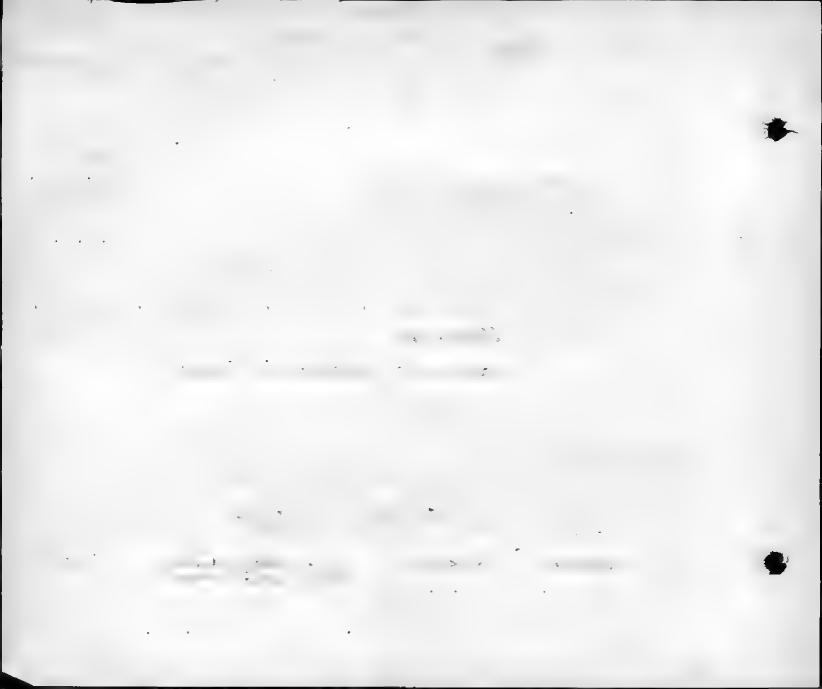
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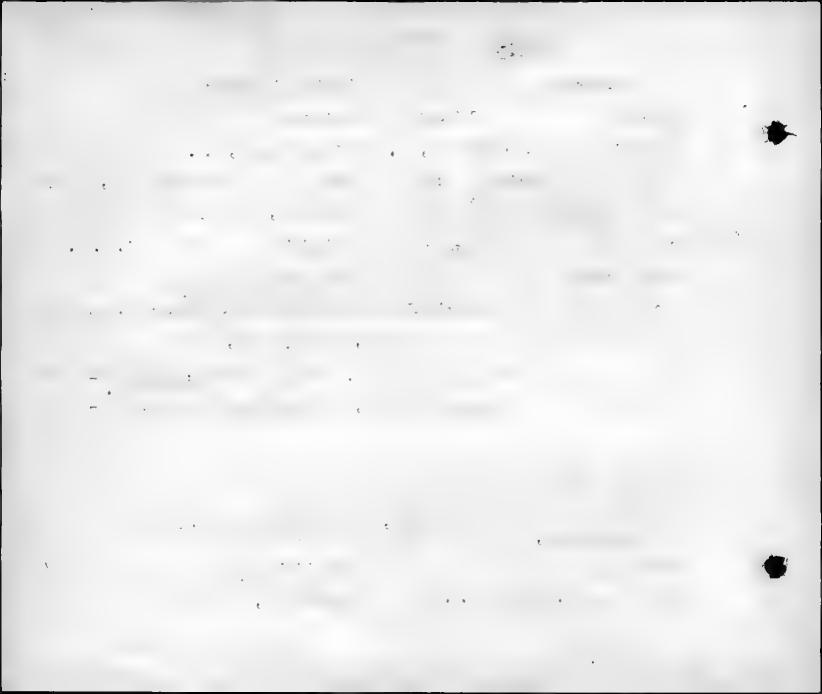
MARYLAND STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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10344

	10	391	CERTIFI	CAT	E OF DEATH			Reg. Dist	, No.	
. PLACE OF DEATH				2.	USUAL RESIDENCE (Whe	ere deceased live		on: Residence	e before odn	nssion)
a COUNTY	Montgomery		MARYLAI	ND	o. STATE Maryla	and	P. COUNTA	Rali	imore	
b CITY OR TOWN	(If gutside corporate limit	ls, write	c. LENGTH OF STAY IN	1Ь	c. CITY OR TOWN (If or		limits, write R			mm)
RURAL and give	nearest town)		12 year	_	Baltin			2 30	,	
	<u>chersburg</u> TIAL (If not in hospital, g	har elegant				IOI C		13	10 15 1	RESIDENCE
Asbury	Methodist H	ome	odd(ess)	fdrn	of: 697 G	adstone	Ave.		ON	A FARM?
NAME OF	Fir	st	Middle		Last	4. DATE	Mon	th	Day	Year
(Type or print)	Virgini	2	Lee Brou	ahto	m	DEATH SE	ptembe	r	26,	19 59
S. SEX	16. COLOR OR RACE		DED NEVER MARRIED			9 4	GE (In years	IF UNDER 1	YEAR IF UN	IDER 24 HR
Female	White		KINDOOM/WXXXXIII		June 22, 186		brindoy)	Months I	Days Hou	rs Min
			KIND OF BUSINESS OR I			`		12 CITI	ZEN OF WH	AT COUNT
during most of w	orking life, even if retired)	MIND OF BUSINESS OR I	WUJIKI		~ www.Au contu	7	127 21112	U.S.	
	MARIA HOHE				Virginia				U + 10 +	A
3. FATHER'S NAME				1	4 MOTHER'S MAIDEN N	other state and the state of the				
James	Broughton				Eliza Ann E	distriction of the	en			
S. WAS DECEASED ET	PER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	17. INFO	RMANT		Add	ress		
no. or onknown)	(If yes, give war or dates of s		none	Mr.	Clarence H	Green	- 5220	N. F	airfa:	Ave
TID CAUSE OF D	EATH Enter only one co	use mer lie	ne for (a) (b) and do)]						INTERVAL	RETWEEN
gave rise to cause (a), statin lying cause los	g the <u>under-</u> DUE TO)	ONTRIBUTING TO DEATH	I BLIT NO	T RELATED TO THE TERMI	NAI DISEASE CO	NDITION GIV	/FN IN PART	1(a) 12. W	S AUTOP
S PARI III. C								IEN DA FAKT	PEI	FORMED?
THE EITHER, NOTH	VAS UNDERLYING [] IG [] CAUSE OF DEATH IY MEDICAL EXAMINER)	20b. DESI	CRIBE HOW INJURY OCC	URRED. (I	inter noture of injury in P	ort I or Port II c	of item 18.)			
20c. TIME OF INJI Hour o. m	10	20d. If While at war	Not while	le. PLACE foctory	OF INJURY (Home, form, , street, office bldg., etc.	20f. (City or	lown)	{C	ounty)	(5101
21. I certify	that I attended the	deceas	ed from 2 -	22	1956 10 9	-26	' کور	,that I k	ast saw ti	ne decec
alive on	7 - 25	10.4	***************************************		curred at 7,15					
Glive Oil	17		Lactur, und midi of	euiii ot		ADDRESS (Street,			e duie si	DATE SIG
ACTUAL	la al	5	19/2		1019E1		7	*******	0.	・ウノー
SIGNATURE	alnan i	- 1/	albal-	M.D	10120 U	age	and	-	7	-67
PHYSICIAN'S NAME (Type)	Sarah E. C	love	r, M. D.		Kensery	ylon,	me.			
220. BURIAL CREMAT	ION, 226. DATE THEREC)F	22c NAME OF CEMETE	RY OR C	REMATORY	22d LOCATION	(City, town,	or county)	(:	lole)
REMOVAL (Special BLIFT AL	" 9/29/59		Loudon, Par	rk Ce	em.	Ва	lto.	l/d.		
3 FUNERAL DIRECTO	PR'S SIGNATURE	1.	ADDRESS /	ų	24a. REC'D	BY REGISTRAR		STRAR'S SIG	NATURE	
Lille	icu tile	C KL	ul Theu	11	DATERES	3 6 '59	a	Thur &	thrac	
	1 1 1 1 1 1 1 1	il Ki		rk Ce	24a. REC'E		24b REGI	STRAR'S SIG	4.00	



death.



VS A15 (4) 15M 10/57 M

10346

10393 CERTIFICATE OF DEATH

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ì		PLACE OF DEATH COUNTY Mo	ontgomery	MARYLANE			k COUNTY	idence before admission)				
,e ²		CITY OR TOWN (If outs		ite c. LENGTH OF STAY IN 18				and give nearest lown)				
		RURAL and give nearest Gaithersh	lown)	I- Y		it Peint	mits, withe KURAE C	x				
		d. NAME OF HOSPITAL (IF	not in hospital, give st	reet oddress)	d. STREET ADDRESS e. IS RESIDENCE							
	1	OR INSTITUTION		or the Aged, In	ON A FARM? YES NO [-]							
	3. j	NAME OF	First	Middle	Lost	4. DATE	Month	Day Year				
		Type or print) GF	RTRUDE		BROWN	OF DEATH	Sep7	16 1959				
	S. 5	EX 6. C	OLOR OR RACE 7. A	MARRIED NEVER MARRIED	8. DATE OF BIRTH			DER I YEAR IF UNDER 24 HRS				
		Female		OWED 🔼 DIVORCED 🗍	C00 15-1		t birthdoy) Mont	hs Days Hours Min.				
1	10a	USUAL OCCUPATION (G)	ve kind of work done	106. KIND OF BUSINESS OR INI	SUSTRY 11. BIRTHPLACE (Sh	ole ar foreign country)	12.	CITIZEN OF WHAT COUNTRY?				
)		Housewife	e, aven it relifed)	HERRICA		n Co., Wes	t Va.	U.S.A.				
	13.	FATHER'S NAME			14. MOTHER'S MAIDE	NAME						
		Thomas By	rotherton		Mary	Jane Spot	ts					
	15.	WAS DECEASED EVER IN L	S. ARMED FORCES?	16. SOCIAL SECURITY NO 17	INFORMANT	etho`ist	TT Address	(000 0				
	,	(11 / 11)	Account of philips or services		Erwart A		althera					
		18. CAUSE OF DEATH	Enter only one couse p	er line for (o), (b), and (c),]	-			INTERVAL BETWEEN				
		PART I. DEATH W	AS CAUSED BY:	muses Lat	soloutes	1		ONSET AND DEATH				
		420.1	EDIATE CAUSE (a) BUE TO	7	LANGE CON							
		*		Lut.	da. 1.	Vasca	//	-				
		Conditions, if ony, w gove rise to immed	igle (Collostones.	of Chiples	vasca	the stage	Re				
		cause (a), stating the <u>ur</u>	DUE TO	•								
		lying couse lost.										
٦.	일	PART III. OTHER SIX	SNIFICANI CONDITIO	NS CONTRIBUTING TO DEATH B	UI NOI KELATED TO THE TEL	MINAL DISEASE CON	DITION GIVEN IN	PERFORMED?				
_	Š							YES NO				
	CERTIFICATION	OR CONTRIBUTING CAREFULL (IF EITHER, NOTIFY MEDIC	NUSE OF DEATH I	DESCRIBE HOW INJURY OCCUR	RED. (Enter nature of injury	in Port I or Part II of	item 18.)					
		20c. TIME OF INJURY Me		d. INJURY OCCURRED 20e	STACE OF INTURNAL A	Look vot						
	MEDICAL	Hour a.m.	w	hile Not while	PLACE OF INJURY (Home, for foctory, street, office bldg.,	etc)	wu)	(County) (State)				
	¥	p. m.	19 of	work at work								
		21. I certify that I	attended the dec	eased from 8-8	, 195 % , to_	9 16	, 19 <i>5</i> 2,that	I last saw the deceased				
i		alive an SUP.	7.16	2.59 , and that dea	th accurred at 1:4	SPM, from the	causes and o	n the date stated above.				
		1.	1 4 1	, ,		ADDRESS (Street, c		DATE SIGNED				
		ACTUAL SIGNATURE	h E K	lone	MD 10128 0	EdARL	BNF	9-16-50				
						512670						
		PHYSICIAN'S Sars	h E. Glove	er, M.D.								
	220	BURIAL, CREMATION, 22	b. DATE THEREOF	224 NAME OF CEMETERY			City, town, of coun					
	1	Sprint !	1-14-51	7 green 180		War sold	ville	Va.				
	23. 1	FUNERAL DIRECTOR'S SIGN	NATURE /	ADDRESS	24a. RE	CO BY REGISTRAS	24b. REGISTRAR'S	SIGNATURE				
	ϵ	mest &	Fartn	w- Taitherson	Gurg / DATE	ØF1 1 0 52		7 de Mana				
					7							

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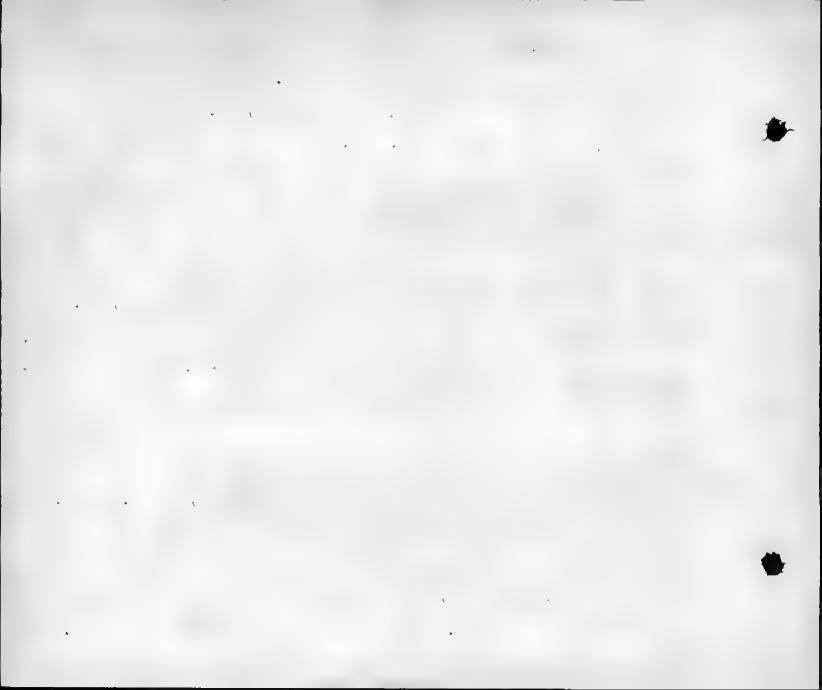
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tem 20 Film 2 MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) **b.** COUNTY Montgomery c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Brinklow, Rt. 116 . IS RESIDENCE ON A FARM? YES NO 1 Day Year DEATHSeptember 18 19 59 9. AGE in years IF UNDER TYEAR IF UNDER 24 HRS. last birthday) Months 60 ym. 12. CITIZEN OF WHAT COUNTRY? USA Address Olney, Md. INTERVAL BETWEEN 33 hrs. Inter-capsular hemorrhage-lt.kidney 33 hrs. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19 PERFORMED? YES P NO E 20b. DESCRIBE HOW INJURY OCCURRED (Egiet nature of injury in Part For Flort II of item 18).
Truck backed over him while attempting to close a gate i 20f. (City or town) (County) (State) Unity, Montg. Μđ 21. I certify that I taak charge of the remains described above, held an Autopsy 🔼 Inspection 🗍 Inquiry Accident X Suicide . Hamicide . Undetermined cause DATE SIGNED 9/18/59 22d LOCATION (City, town, or county) (Slote) 245 REGISTRAR'S SIGNATURE arthur & Kraua



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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

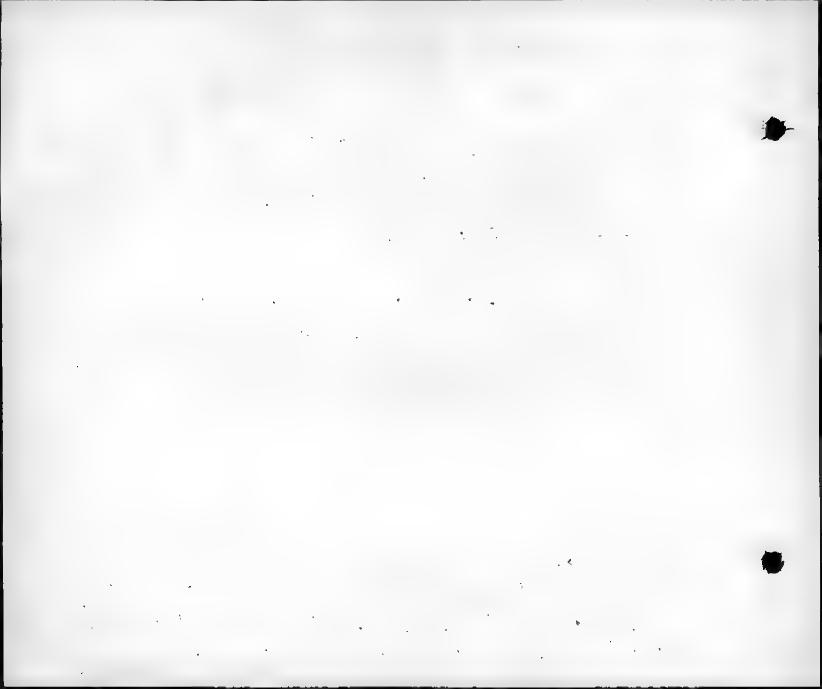
10395

Reg. Dist. No.

10348

1	1. PLACE OF DEATH o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission)						
}	Montgomery MARYLAND	o. STATE Maryland b. COUNTY Montgomery						
	b CITY OR TOWN (If autistic carparate limits, write c LENGTH OF STAY IN 16 RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)						
	Olney, Md. 48 Hrs.	Olney						
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?						
	Montgomery County General Hosp.	None YES NO						
	3. NAME OF First Middle DECEASED	Lost 4. DATE Month Day Year						
	(Type or print) Katie Duncan Buckle	04						
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years of UNDER 1 YEAR IF UNDER 24 HRS.						
	Female White WIDOWED 図 DIVORCED []	6/8/78 83 (sof birthdoy) Menths Days Haurs Min,						
	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDU- during most of working life, even if retired)	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY						
	Housewife	Virginia U.S.A.						
\	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
)	Elzie Duncan Shackelford	Annie Mae Balthrope						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	NFORMANT Address						
		ospital Records.						
	18 CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN						
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Recommended	Edena Ocule ONSET AND DEATH						
	420.1 DUE TO X							
	Conditions, if ony, which) (b) Corenary	leventus as & Neurcade 1 48 les						
	gave rise to immediate couse (a), stating the under-	A F.O Can A						
	lying cause lost. (c)	+ aureller tetrillalini						
	PART II OTHER SIGNIFICANT CONDITIONS CONFRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY						
)	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH	PERFORMED? YES \[NO \[\]						
	200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRE OF CONTRIBUTING CAUSE OF DEATH	D. (Enter nature of injury in Part I or Part II of item 18.)						
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) ctory, street, office bldg., etc.)						
	Hour a.m. 19 White Not white of work of work	And the bridge trade, the						
	21. I certify that I attended the deceased from 22 320	1959, to 24 804, 1959, that I last saw the decease						
	alive an 245ex 1959, and that death	at M						
		ADDRESS (Street, city or town, stote) DATE SIGNE						
	SIGNATURE VILLE Dosley Legical	MD. Olney, Med, 24 Sept 5						
1	PHYSICIAN'S TALLE DOLLAR							
1	PHYSICIAN'S TOHN BOSLEY DIE	G-LER						
	220. BURIAL, CREMATION, 226. DATE THEREOF 220 NAME OF CEMETERY O	and the state of t						
	Burian 9/26/59 Parklawn C	emetery Montgomery Co., Md.						
	23. FUNSERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE						
	Moy an Warber Laytonsvill	e, Md. DATE SEP 28 '59 Circling & three						





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VS A15 (4) 15M 9/5B

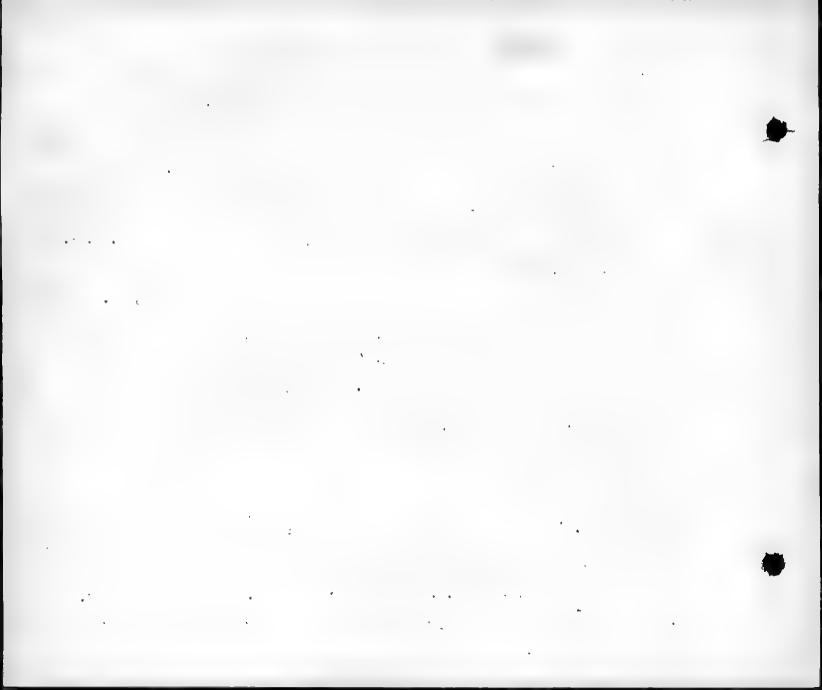
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CERTIFICATE OF DEATH

10200

Rea. Dist. No.

			13										
1. PLACE OF o. COUN MOT	PLACE OF DEATH O. COUNTY MONTG OMERY MARYL						ence (Wh	nere deceased	lived. If institut b. COUNTY Mont			sian]	
b. CITY C	OR TOWN (IF	autside corporate l'in	nits, write	c LENGTH OF STAY I	N Ib	C CITY OR T	OWN (If o	outside corpora	ate limits, write I			n)	
	ond give ne		150	75 yrs		X Fairle	a sad	(Rura	1)				
			~=/					(Rura.	17		T* 1		
	OF HOSPITA STITUTION	AL (If not in hospitol,	give street	address)		d. STREET AI	DDRESS				ON /	SIDENCE A FARM?	
3. NAME O	F	F	irst	Middle		last		4. DATE	Mo	n eth	Day	Yeor	
DECEASE (Type or)	D	Katie		17110010		Burto		OF DEATH	Sept.	4	150	19	
S. SEX		6. COLOR OR RACE	7 MAR	RIED NEVER MARRIE	> [□ {{k}	DATE OF BIRTH	1	77 0 9	AGE (In years lost birthday)	IF UNDER 1	YEAR IF UND	_	
Fema:	Female Colored WIDOWED			/ED DIVORCED	0 >	et 6	12	0/5	yrs.		oys Hours	Min,	
10a. USUAL	OCCUPATIO	N (Give kind of work	done 10b	. KIND OF BUSINESS OF	INDUST	RY 11 BIRTHPLA	ACE (Stole	or foreign cov	intr@	12.CITIZE	N OF WHAT	COUNTRY?	
anting 6	Domes	ing life, even if retire 110	d)	Home		Mary	land		- 1	υ,	S. A.		
13. FATHER'S	NAME					14. MOTHER'S	MAIDEN N	NAME					
	Ge	orge Jack	son			Man	rtha	Jackson					
		IN U. S. ARMED FO		SOCIAL SECURITY NO.	IN	ORMANT			Add	iress	Bo	1064	
(Yes, no, or unl	(ROWA)	fyes give war or dates of	service)			Dora Wil	lliam	s Sil	ver Spri	ing, Mi		te 2	
18. CAI	USE OF DEAT	TH Enter only one o	ouse per l	ine for (o), (b), and (c).]					-		INTERVAL B	ETWEEN	
		H WAS CAUSED BY	115	eric Cone	Dii	leptine	rr Ce	e etire.			ONSET AND		
14	1: 1	e ·		Hemiplegia	_	d) Card					73€		
Condi	tions, if on	y, which)	b <u>1</u> _	Heurtre S'ra	(01	a) Care	Trove.	TIBIT DI	sease				
gove	rise to in	mediote (-								
	o), stating t	he under-		Arterioscle	rosi	s H	ypert	ension					
	couse lost.	, ,	c]								<u> </u>		
[<u>5</u>	PART II. OTH	ER SIGNIFICANT COI	ADITIONS	CONTRIBUTING TO DEA	TH BUT N	IOT RELATED TO	THETERMI	INAL DISEASE	CONDITION GI	VEN IN PART I	I(o) 19. WAS PERFO	AUTOPSY ORMED?	
3	Art	uritie -	Fibro	id Tumor Ut	erus							NO 🗌	
≃ OR CON	NTRIBUTING :	S UNDERLYING []	20b. DE	SCRIBE HOW INJURY OC	CURRED.	(Enter noture of	injury (n F	Port I or Part I	(I of item 18.)				
O (IF EITH	EK, NOTIFY !	MEDICAL EXAMINER				_							
∑ 20c TIM	E OF INJURY	Month, Doy, Y				E OF INJURY (Fory, street, office			or town)	(Co	unty)	(Stote)	
20c TIM	p. m.	19	While of we	Not while	10010	, , , , , , , , , , , , , , , , , , ,	biog., etc.	1					
				sed from July	20	10 ZO	1- Co	n# /1	10.50	Sal a fill a			
	0.	ert. 4	e deced	sed from Le 1943.				_	-				
alive	an 🔐	F 00 - 27	., 19	and that	death (accurred at.							
	-(V)	1-11-A	1	-///				ADDRESS (Stre	eet, city or town,	. state)	000	TE SIGNED	
ACTUAL SIGNAT		Wille	Me	urely	м	D					7.0.)		
PHYSICI	AN'S	,										1	
NAME (Type}	Webster	Sevel	1. V.D.		Merbec	sk	Rt. 1	Hlver-S	baning.	_M4		
220. BURIAL,		22b DATE THERE	OF	22c NAME OF CEME	TERY OR	CREMATORY		22d LOCATH	ON (City, town,	or county)	£\$19	(e) y	
KEMOV	AL (Specify)	14-8-	59	ROUND	01	9K,		Spe	NCE	rvill	e, 14	di	
23 TUNERAL	DIRECTOR'S	SIGNATURE	0	ADDRESS	il	1	24s. REC	D-SY-REGISTR	AR 24b REG		ATURE		
lan	w.	C. Sugar	der	- Kocku	Ille	Mol	DATE	E, 100.		nthung & ;	trace		



funeral director, should be filed with

in b

er death: Page 4

requires that the death certificate be executed within 24 haurs

OR: After this certificate has been signed by the attending physician and campletely filled etached for use as the burial-transit permit. Then please remaye-carbon papers. Pages 1 a burial, cremation, or remayal, and in any event within 72 Maurs offle death.

setached for use as the burial-transit

ATTENDING PHYSICIAN: The faw

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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		20348	CERTIFI	CAIE OF DEATH	T	Reg. Dist. No.			
)	1 PLACE OF DEATH 6 COUNTY	Montgomery	MARYLAN	O STATE SE	ere deceased lived If institution and b COUNTY	Res dence before admission) MANAXEMMERX PG			
	6 CITY OR TOWN	(If outside corporate limits, wi	ite c. LENGTH OF STAY IN 1	16 CITY OR TOWN (IF o	outside corporate limits, write RUF	RAL and give nearest town)			
	Tokoma	Park		Prince	George Hyat	tsville /			
_]	d. NAME OF HOS	PITAL (If not in hospital, give s	reet address)	d STREET ADDRESS		e IS RESIDENCE			
	40.00	gton Sant.		1100 Chil	lum Minor Dr	YES NO.			
	3 NAME OF DECEASED (Type or print)	GRBC.	Middle M	CAPONE	4. DATE Month Of Sept.				
	S. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED		9 AGE (In years II	FUNDER 1 YEAR IF UNDER 24 HRS.			
	Female	White wo	OWED TO DIVORCED	Sept. 20 1	887 Tost birthdoy) 72 yrs	Months Days Hours Min.			
	100 USUAL OCCUPA	FION (Give kind of work done orking life, even if retired)	106. KIND OF BUSINESS OR IN	IDUSTRY 11 BIRTHPLACE (State	or foreign country)	12 CITIZEN OF WHAT COUNTRY			
		orking me, even in terriou	Housewife	Italy		U. S. A.			
	13. FATHER'S NAME			14. MOTHER'S MAIDEN N	IAME				
	James	Morfesi			?				
	15. WAS DECEASED ET	VER IN U. S. ARMED FORCES?	16 SOCIAL SECURITY NO 1	7 INFORMANT	Addres	33			
				Angeline Jac	kerson 1100	Chillum Minor			
		EATH [Enter only one couse s EATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o)	er line for (a), (b), and (c).]	2 Hornel	(Des	INTERVAL BETWEEN ONSET AND DEATH			
	Candilians, if	501.0	age of	1 Carlenne	Thex. 0	6			
	gave rise to couse (a), statin lying cause los	g the under-	J.						
	Ĭ I	THER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO BEATH	BUT NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN	N IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO			
	OR CONTRIBUTION (IF EITHER, NOTIF	YAS UNDERLYING 20b. IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE HOW INJURY OCCU	RRED, (Enter nature of injury in f	Part I or Port II of item 18.)				
	ZOc. TIME OF INJU Hour a. m p. m	, yo W	Od. INJURY OCCURRED 20e. Thile Nat while work of work	PLACE OF INJURY (Home, form, factory, street, affice btdg., etc.		(County) (State)			
	21. 1 certify	hat I attended the dec	eased from Cing	17, 1959, 10 A	4px 20 1959.	that I last saw the deceased			
	alive on_8	400 20			PM. from the causes an	d an the date stated above			
	1		12		ADDRESS (Street, city or town, sto				
	ACTUAL SIGNATURE	dove office	forces,	_M.D. 915-1	1986 4.1	1. W. Cebal DC			
3	PHYSICIAN'S	100	04						

the registrar prior to buriol, crematian, or remayal, and in any TO HOSPITAL OR TO FUNERAL D VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

220 BURIAL, CREMATION,

Burial

22c NAME OF CEMETERY OR CREMATORY Olivet Cemetery

ADDRESS

240. REC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

22d LOCATION (City, fown, or county)

Deal Funeral Home 4812 Ga. Ave. Wash.

22b. DATE THEREOF

9/28/59

DATE SEP 2 5 '59

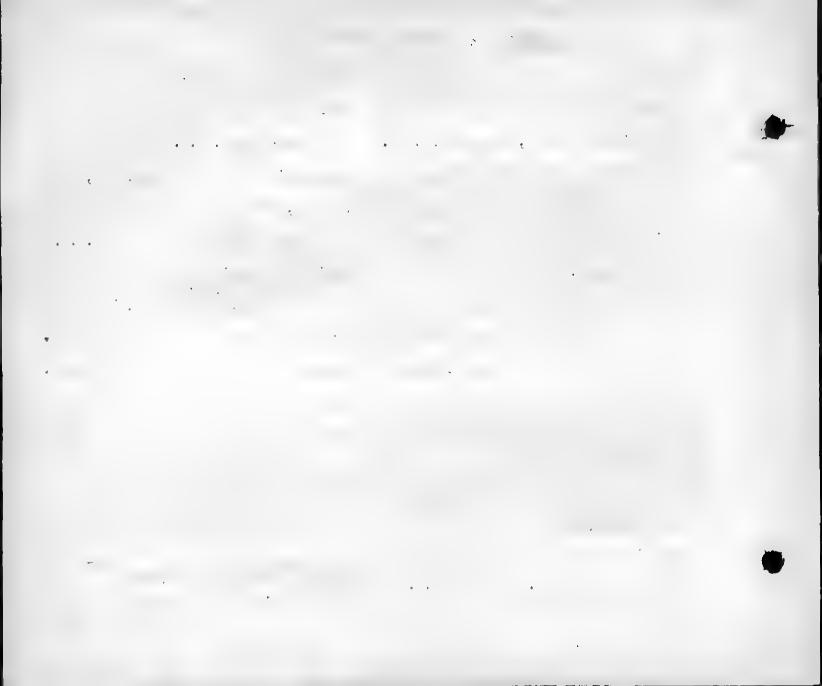


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death,

VS A15 (4)

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CERTIFICATE OF DEATH

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AT	the haspital ar attending physician. OR: After this certificate has been significate has been significate has been significate has been significate has been significated for use as the burial-transit pariar to burial, cremation, ar removal, and
8	ag in
7	to Suld or P
Ę	RA A signature of the s
ÖS	nay be reto. The haspital or attending physician. FUNERAL I OR: After this certificate has been signed by the ottending physician and compose 3 should be detached for use as the burial-transit permit. Then please remove Cachon papelle ≡gistror prior to burial, cremation, ar removal, and in a≡y event within 72 havrs after death.
O	E C
5 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of the death. Page 4	may be reto. The haspital ar attending physician. TO FUNERAL! 100R: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. TO FUNERAL! 100R: After this certificate has been signed by the ottending physician and completely filled in by the funeral director. page 3 should be detached for use as the burial-transit permit. Then please remove Toxons after death the registrar prior to burial, cremation, ar removal, and in ally event within 72 haves after death
VS 15/	A15 (4) W 9/58

			FICATE OF DEATH							Reg. Dist. No.					
	PLACE OF DEA	MONTGOM	IERY		MARYL	- (1	?. USUAL RESII o. STATE	DENCE (WA			institutio DUNTY		nce befor		
	RURAL and	OWN (If autside cogive nearest town ER SPRIN)	write c.	LENGTH OF STAY IN		c CITY OR I		R SPR		write RL	JRAL and	give nea	rest tawr	π)
	d. NAME OF I OR INSTITU	HOSPITAL (IF not o	in haspital, give CDRIVE	street add	ress)		/d. STREET A		DRIV	E					FARM?
	NAME OF DECEASED (Type or print)	W	First [LL]A		Middle	CA	RPEN	TER	4. DATE OF DEATH	V	Mani	th /	Da 19	<u>.</u>	Year 19 5
1	MALE	WHIT	12	MARRIED	DIVORCED	_ 1	DATE OF BIRTI /27/75	1		9 AGE (In last birt 84	n years hday) yrs	Months Months	Days	Haurs	ER 24 HR Min
	USUAL OCCI during most o CCOUNTS	af warking life, ex	ren if cetired)		D OF BUSINESS OR	INDUST	MASS.	•	ar fareign c	ountry)			S.A		COUNTRY
3.	FATHER'S NA/		VIER				14. MOTHER'S MARI	MAIDEN N							
	WAS DECEAS s, no, or unknown) No	EDEVER IN US, give w	ARMED FORCE ror or data, of serv		none		ormant . Maude	R. C	arpen	ter,	Addr 621	Ray !			
		I. DEATH WAS C		o per line f	or (a) (b), and (c)]		E	8	2 L	SI	lver	-Spr	ONS	ET AND	TWEEN
	gave rise	to immediate toting the under-	DUE TO	De	ne ai	TE. A	inel	Esse	lo.	wed-	~~~	-1		(
20147	PART	II. OTHER SIGNIE	ECANT CONDI Luca	TIONS CON	ULBUS	H BUT N	OT RELATED TO	THETERMI	NAL D SEAS	E CONDITI	ON GIV	EN IN PAI	RF 1(a) 1		AUTOPS RMED?
ו כנאויו	OR CONTRIB	NT WAS UNDERL UTING [] CAUSE IOTIFY MEDICAL I	OF DEATH	DESCRIE	E HOW INJURY OC	CURRED.	(Enter nature a	Finjury in P	Part I or Par	t II of item	18.)				
WEDICA CALCALLANT AND	20c TIME OF Hour		Day, Year	20d. INJU While at work	RY OCCURRED 2 Not while at work	ille. PLAC focto	E OF INJURY (ry, street, office	Home, form, i bldg., etc.	20f. (Cit)	r ar tawn)		(County)		(Stat
	alive an	fy that I atte	ended the o	leceased 19		death o	7_, 1956 accurred at		M, from ADDRESS (S		es on				
	SIGNATURE_ PHYSICIAN'S NAME (Type		0	UY	+NE	<u></u>	121	5	Wa	ofe	ug	For	ر ت	10	Ĉ
2c B	BURIAL, CRE DRIAL IS		ATE THEREOF	2	C. NAME OF CEMET		CREMATORY ÆTERY		22d. LOCA PRIN	TION (City CE GE	town, o	OUNT of conutA)	Y, M	D . (Stel	 -
N.	RNER E	CTOPS SIGNAT	EY, IN		STEVER SPR	ING,	MD.		D BY REGIST			TRAR'S SI ر جسالکہ			



Cothun & Henry

CERTIFICATE OF DEATH 10399 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) COUNTY **b. COUNTY** MARYLAND MONTGOMERY MONT GOME 'Y ARYLAND CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give represt town) OLNEY DAY ROCKVILLE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS IS RESIDENCE OR INSTITUTION ON A FARM? MONTGOMERY COUNTY GENERAL HOSPITAL. YES NO D BOX 381 3. NAME OF First Middle 4. DATE Month Yeor DECEASED DEATH (Type or print) Baby Bov Carter SEPTEMBER 20 10 5. SEX 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED KK AGE (In years lost birthday) B DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months MALE WHITE WIDOWED | DIVORCED (Yrs. 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) None USA Infant MARYLAND 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME CLARENCE NOLEN CARTER HELEN CHRISTINE ROGERS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT Address No None HOSPITAL RECORDS OLEEY. MARYLAND 18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY ZY hours IMMEDIATE CAUSE IO **DUE TO** Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19 WAS AUTOPST PERFORMED? YES NO T 2001. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter noture of injury in Port I or Part II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, Doy. Year 20d INJURY OCCURRED 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) o. m. While Not while of work of work p m 21. I certify that } attended the deceased fram. 19-57, that I last saw the deceased , , and that death occurred at 8:40 P alive an M, from the causes and an the date stated above ADDRESS [Street, city or town, stole] DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) MEADORS. M. DAMASCUS, MARYLAND 220 BURIAL CREMATION. 22b 27c. NAME OF CEMETERY OR CREMATORY 22d LOCATION [City, lown, or county) (State) 23. PÜNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

O VS A15 (4) 15M 10/57

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Ail.	င်	ical Examiner's Office along with form PM3. Page 5 may be retained for your files	GTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prise to burial, cremation,	
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2	cert	Ö.	7	-
5	cute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral direction. Page 4 sharld bet	orde	JER/	MOM
DEP	101	Sr wc	E.	191
2	ŭ	7	9	or remayal
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please exe-	. A	15/	TO FUNERAL CHECK	5)

SM 9/SS

1	MARYLAND STATE DEPARTM	ENT OF HEALTH—BALTIMORE, 18	
	MEDICAL EXAMINER	S CERTIFICATE OF DEATH 10356)
-	18/81	Reg. Dist. No. 1900	
- [1	PLACE OF DEATH O. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. CQUNTY	
-	b. CITY OR TOWN (I outside corposede Himse, write BURA C, LENGTH OF STAY IN 16	1124 Minty	
	and give nearest (own)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lawn)	
-	3. Thedae Yes Trus	d. STREET ADDRESS e. IS RESIDEN	
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital give street address)	ON A FAR	SW5
H	8009 Muditury Dr	13704 Mano Rd YES NO	, Di
3	NAME OF DECEASED First Middle	Last 4. DATE Month Day Year	_
_	SEX (6°COLOR OR RACE 7. MARRIED DI NEVER MARRIED DI	rapples DEATH Stept 14 195	
,		8. DATE OF BIRTH 9 AGE (In your IFUNDER TYEAR IF UNDER 24 Months Days Hours Min.	
	Male widowed Divorced	11-15-1401 57 yr.	
- [11	du USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUN	4TR
	your ted Housing	1 S.C. 1 M. 8 G.	
3	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME	
L	Latan C. Chappell	Marker Cum Monterph	
	5. WAS DECEASED EVER IN U. S. ARMED FORCES 16, SOCIAL SECURITY NO. 17. ev. no. or unknown] [If yee, give wor or dates of service] 16, SOCIAL SECURITY NO. 17.	INFORMANT Address	
	no none	salell Chapphell - Stew I	
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH	
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a)		
	DUE TO	,	
	Conditions, if eny, which by Resignation of the Conditions of the Condition of the Condition of the Condition of the Condition of the Conditions of the Cond	•	
	gove rise to immediate couse (a), stating the underlying (b)		
	couse lost. (c)		
Š	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 3(0) 19. WAS AUTOI PERFORMED	PSY P
13		YES NO	
T I	206 EXTERNAL CAUSE WAS 206, DESCRIBE HOW INJURY OCCURRED.	Enler noture of injury in Port I or Port II of item 18.)	
Į.	CAUSE OF DEATH. Herry self by	rech in sister home	
1	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED TO PL	ACE OF INJURY (Home, form, 20f. (City or town) (County) (Statory, street, office bldg., etc.)	ita)
1000	Hour o. m. 9-154 196 5 of work of work of	home Betherdy Monty M.	24
	21. I certify that I took charge of the remains described ab	ove, held an Autopsy 🔲, Inspection 🔀, Inquiry 🔀 and find	Th
	death resulted from: Natural causes, Accident, Su	icide , Homicide , Undetermined cause .	
	1 1		
	SIGNATURE Trans (). Proportion	M.D. CHIEF MEDICAL EXAMINER	٠.
	_ / _	ASSISTANT MEDICAL EXAMINER	
	NAME (TYPO) FLARK J. Broschzit	DEPUTY MEDICAL EXAMINER 7-14-39	
2	D. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 22d. LOCATION (City, town, or county) (5tole)	
	REMOVAL (Specify) Burial 9/1.7/59 Parklawn Co	emetery Rockville, Maryland	
2	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	manpapa.
	Robert A. Pumphrey Bethesda, M.	aryland DATE SEP 17'59 Cithur & Kinus	
100			-



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 10402 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) Penn Joan Strain MARYLAND b. CITY OR TOWN (If outside corporate fimils, write E LENGTH OF STAY IN 16 c CITY OR TOWN (If guiside corporate limits, write PUIAL and give nearest tayin) Paol1 d STREET ADDRESS 5454 并在老孩的市场 Middf DATE Month DEATH AGE (In years MARRIED THEYER MARRIED TH B. DATE OF BIRTMANA last birthday) DIVORCED [yrs. 11. BIRTHPLACE (State or foreign country) 14. MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 17 INFORMANI Unknown

RURAT pnd pive nearest town) d. NAME OF HOSPITAL (U not in haspital, give street address) IS RESIDENCE OR INSTITUTION ON A FARM? YES NO F NAME OF Year Day DECEASED (Type or print) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) 12. CITIZENLOF WHAT COUNTRY? 13. FATHER'S NAME WAS DECEASED EVER IN U. S. ARMED FORCES? Address CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19 WAS AUTOPSY PERFORMED? YES NO IF 200. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Hame, form, 20f (City or town) Month. Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg, etc.) Hour a. m While Not while at work at work p. m. 21. I certify that I attended the deceased from Athat I last saw the deceased alive on 4 and that death occurred at M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Slote) REMOVAL (Specify) Penn. Belvidere Sept 59 Belviders JUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE

director, filed with 2 physician haurs гета 2 0

PLACE OF DEATH

o COUNTY

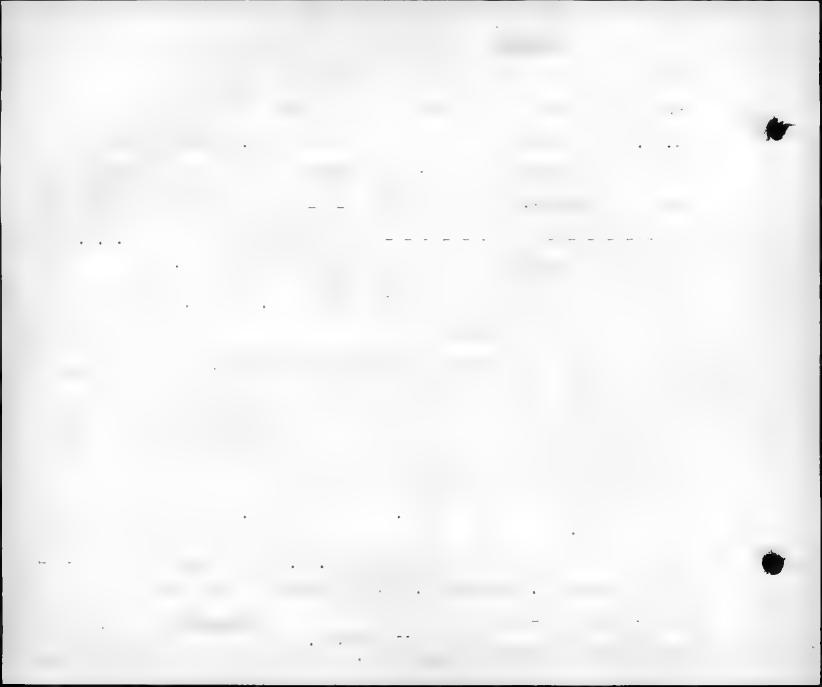
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VS A15 (4) 15M 10/57



	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18 10358
	10403 CERTIFIC	CATE OF DEATH Reg. Dist. No. 215
	1 PLACE OF DEATH a. COUNTY Montgomery MARYLAN	2 USUAL RESIDENCE (Where deceased lived if institution Residence before admission) a. STATE b. COUNTY Virginia
	b C TY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	
	Bethesda (Rural) 14 days	Triangle 83x 3
A	d. NAME OF HOSPITAL (If not in haspital give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDEN ON A FAI
0-1	U. S. Naval Hospital	31 Mason Dr., Thomason Park YES N
-	3. NAME OF First Middle DECEASED (Type or print) Daniel Guy	Lost 4. DATE Month Doy Year OF PEATH Sentember 15 105
))	(Type or print) Daniel Guy 5. SEX 6. COLOR OR RACE 7 MARRIED NEVER MAR	OTTUEL Depoember 1)
	Male Caucasian WIDOWED DIVORCED	lost birthday) Months Days Hours i
er death	10a JSLA, OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR IN	
# # T	during most of working life, even if retired)	- Virginia U.S.A.
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
20	Herbert Leo CILLEY	Marie Elizabeth SIMARD
o 한 호	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO (Yes. no. or unknown) (If yes, give wer or detes of service)	INFORMANT Address
72 5	No None ((F) Herbert L. Cilley, same as #2
T P	18 CAUSE OF DEATH [Enter only one couse per time for (o), (b), and (c).]	INTERVAL BETWE
5 t	PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Uremia	
eve .	757, DUE TO	
g G	gave rise to immediate Diff. To	olycystic kidney disease From b
<u>8</u> .⊑ <u>-</u> 12	couse (a), stating the <u>under-</u> lying cause last.	
gowal, ar	CATIC	BUT NOT RELATED TO THE TERMINAL DISEASE COND T ON GIVEN IN PART I(a) 19 WAS AUTT PERFORME YES N
or ren	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RRED (Enter nature of injury in Part I or Part II of item 18.)
emation	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED 20e. Hour o. m. 19 While Not while at work of work	PLACE OF INJURY (Hame, form, 20f (City or town) (County) foctory, street, office bldg., etc.)
2 ti	21. 1 certify that I attended the deceased from Sept.	1 , 19.59, to Sept. 15 , 19.59hat I last saw the dece
# C C C C C C C C C C C C C C C C C C C	alive on Sept. 15 , 19.59 , and that de	ath occurred at 240AM, from the causes and an the date stated at
to to	01.740.60	ADDRESS (Street, city or town, state) DATE SI
ariar oriar	SIGNATURE Laker J. Brooks y	U. S. Naval Hospital 9-15
strar pr	PHYSICIAN'S Robert T. BROOKS, Jr., LT	MC, Bethesda, Maryland
page of the regi	220. BURIAL, CREMATION, 226 DATE THEREOF 220 NAME OF CEMETER BUTTATE Shipment 9-16-59	Y OR CREMATORY 22d. LOCATION (City town, or county) (Stote) Falmouth Maine
	23 FUNERAL DIRECTOR'S SIGNATURE ADDRESSAPTIT	
)	Ives Funeral Home, 2847 Wilson Bl	LVd. DATESEP 1 8 '59 Cithur & Hours
3	QV., VVVVX.	9



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requires that the death certificate be executed within 24 hours of the death. Page

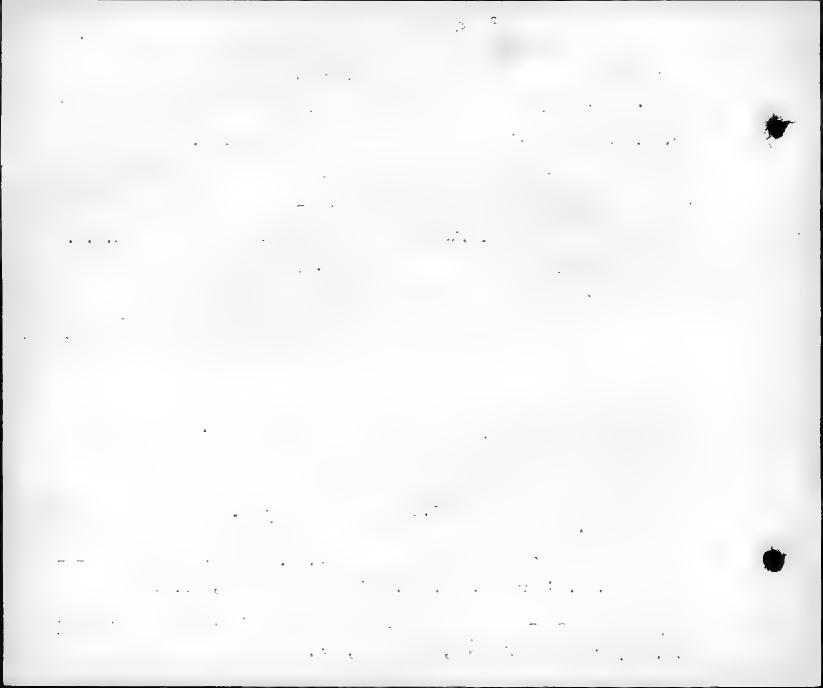
Reg. Dist. No. 215 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) Montgomery h. COUNTY MARYLAND Virginia b. CITY OR TOWN (If autside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Bethesda (Rural days Richmond d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION S. Naval Hospital ON A FARM? 4500 Dunston Ave. YES TO NO TO 4. DATE Middle **First** Month Year Day DECEASED Fitch September CLEMENT Emory DEATH 1959 (Type or print) AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 5. SEX 6 COLOR OR RACE 7- MARRIED TO NEVER MARRIED TO B DATE OF BIRTH lost birthdoy) Dovs Hours Male Caucasian WIDOWED | 11-17-87 DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) 12. CITIZEN OF WHAT COUNTRY? Mariner U.S. Navy New York U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Maynard CLEMENT Clara FITCH 15 WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Yes Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c),] ONSET, AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) NCHOGENIC CARCINOM DUE TO Canditions, if any, which gave rise to immediate DUE TO couse (a), stating the underlying cause lost. WAS AUTOPSY PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) [19. FAILVER PERFORMED? YES Y NO 206, DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port 1 or Part 1 of item 18.) OR CONTRIBUTING | CAUSE OF DEATH 20c. TIME OF INJURY 20e PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) a. m. While Not while of work of wark 21. I certify that I attended the deceased from July 30 19.59, to Sept. 9 , 159, that I last saw the deceased and that death accurred at 7:00AM ram the causes and an the date stated above. DATE SIGNED ADDRESS (Street, city or town, state) ACTUAL S. Naval Hospital SIGNATURE PHYSICIAN'S CALDWELL, LT, Bethesda 14, Maryland MC. NAME (Type) BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county). (Stole) remation Cedar Hills Crematory Suitland Maryland DIRECTOR'S SIGNATURE 24n, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

Bethesda,

충 ģ permit. has been signed burial-transit OR: prior page 3 should TO FUNERAL DE

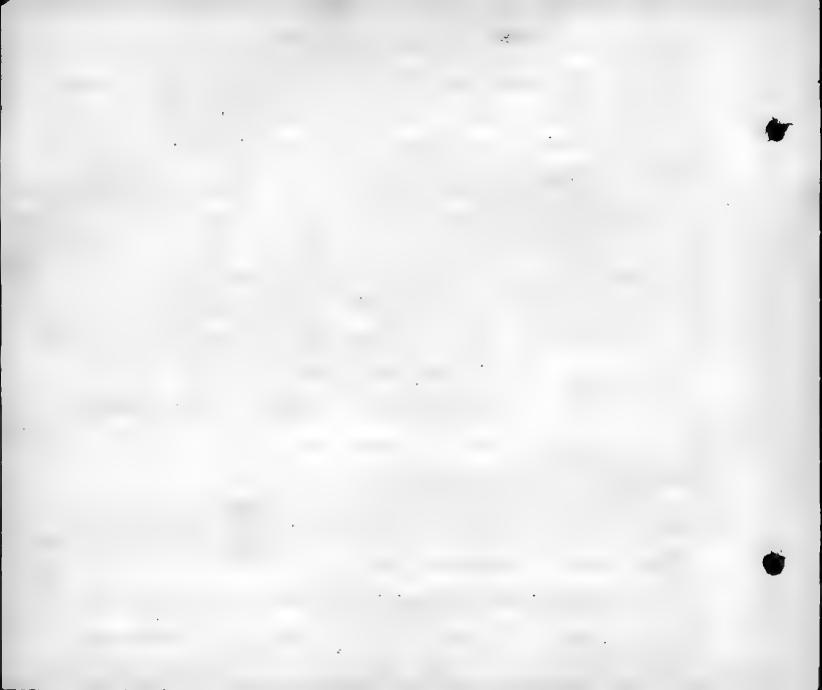
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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



VS. A15ME(5) 5M 9/55

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F.)	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 1040 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

10362

Reg. Dist. No.

1. PLACE OF DEATH O. COUNTY Montgomery	MARYLAND	2. USUAL RESIDENCE (WA o. STATE NewYOI	ere deceased lived. If insti		fore admission)	
b. CITY OR TOWN (If outside corporate limits, write RURAl and gage negretal town) Bethesda	c. LENGTH OF STAY IN 16 3½ hrs.	c. City OR TOWN (if outside corporate limits, write RURAL and give negrest town) **EMMERIZEMEN** Levittown / /				
d. NAME OF HOSPITAL OR INSTITUTION (IF not Suburben Hospital	in hospital, give street address)	d. STREET ADDRESS 19 Abbey	Lone	· · · · · · · · · · · · · · · · · · ·	•. IS RESIDENCE ON A FARM? YES NO ST	
3 NAME OF First DECEASED (Type or print) Lucy	Middle Crea		DATE Mon OF DEATH Sept 2	th Doy 0, 1959	Year 19	
female white win	ARRIED NEVER MARRIED 8. OWED DIVORCED	April / n192		Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Ob. KIND OF BUSINESS OR INDUST	Va.	r foreign country)	12. CITIZEN O USA	F WHAT COUNTRY?	
13. FATHER'S NAME John Sudduth		14. MOTHER'S MAIDEN NA Lena Jone	_			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? [Vm., no, or unknown] (W yes, give war or dates of service)		ice P. Bean,7	Addres '019 Ga. Ave.	-	Spring Md.	
18. CAUSE OF DEATH [Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	ine for (a), (b), and (c).]			THE ONS	t hours	
gove rise to immediate cause (uptured Spleen	t	<u> </u>	3	hours	
PART II. OTHER SIGNIFICANT CONDITION Multiple fracture 200. EXTERNAL CAUSE WAS PRIMARY D OF CONTRIBUTING D CAUSE OF DEATH. 205. DES					9. WAS AUTOPSY PERFORMED? YES S NO	
	Auto accident	nter noture of injury in Port t	or Port II of item 18.)			
ן 9/20/59 m. 9/20. בובו"		E OF INJURY (Home, form, ry, street, office bldg, etc.) highway	20f. (City or town) Bethesda	(County) Montg.	(Stote) Md.	
21. I certify that I took charge of t death resulted from: Natural coust				, Inquiry [, and find that	
ACTUAL SIGNATURE FRANK J. 19	morehant	_M.D. CHIEF MEDICAL EXAM	_		DATE SIGNED	
EXAMINER'S NAME (Type) Frank J. Bros	hart Thu	ASSISTANT MEDICAL DEPUTY MEDICAL EX		9/20/59		
220. BURIAL, CREMATION, 226. DATE THEREOF BUYLAL Specify 9-24-195	9 Long Stant	national Cemete		or country Le Long &	(Store)	
23. FUNERAL DIRECTOR'S SIGNATURE H. Don, WE VCC 22:	ADDRESS 3.	DATE SEP	0.0.150	STRAR'S SIGNATU ATLANT LE FEINE		



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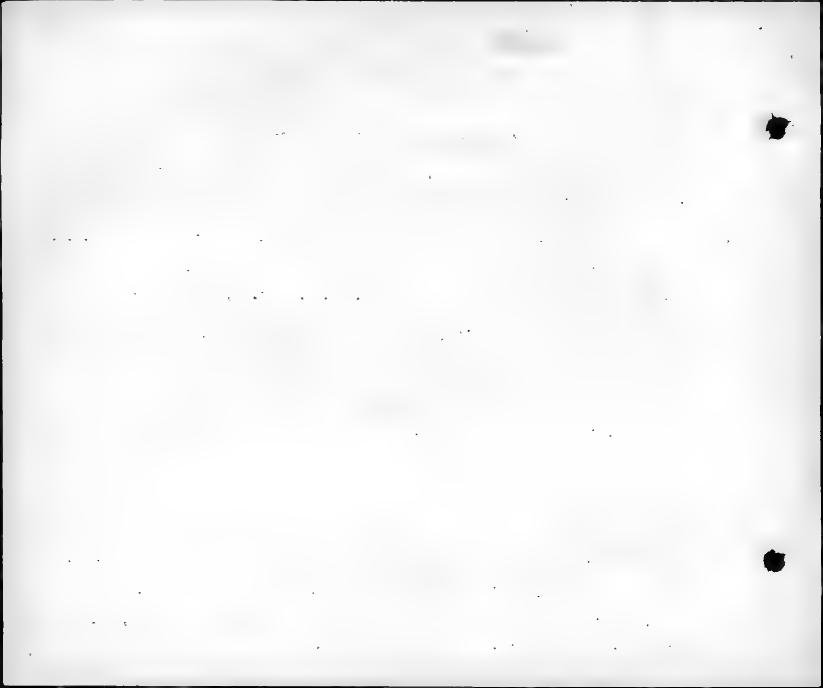
MARYLAND	STATE	DEPARTMENT	OF HEALTH—BALT	IMORE. 18
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CERTIFICATE OF DEATH

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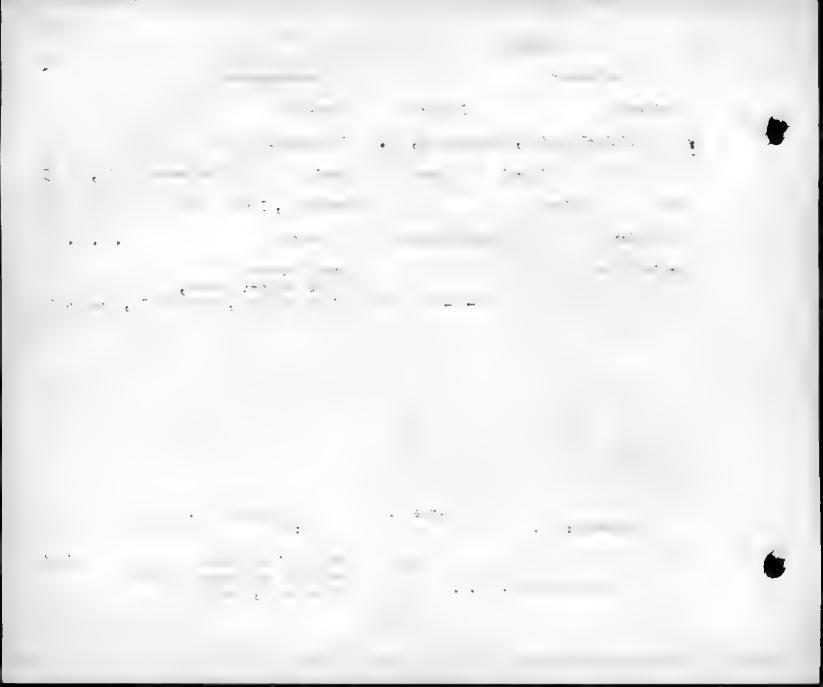
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1. PLACE OF DEATH o. COUNTY	MONTGOMERY	MARYLAND	2. USUAL RESIDENCE (W		IF institution. Residenc COUNTY	e before admission)
b CITY OR TOWN RURAL ond give OLNEY	l (If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limit		ive nearest town)
d NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, give street Montgomery Count H	oddress) y General ospital	d STREET ADDRESS 148 Roanoke	Avenue		e. IS RESIDENCE ON A FARM? YES NO 3
3. NAME OF DECEASED (Type or print)	First DAVID	Middle T. CI	REIGHTON	4. DATE OF DEATH	Month SEPTEMBER	Day Yeor R 18 1959
5. SEX MALE	WHITE WIDOW	RIED NEVER MARRIED	8. DATE OF BIRTH 9/15/81	9. AGE lost to 78	rithdoy) Months	YEAR IF UNDER 24 HRS Days Hours Min
during most of w	TION (Give kind of work done 10b. orking life, even if retired)	KIND OF BUSINESS OR INDU	Liverpoo	1. England		U.S.A.
13 FATHER'S NAME	AN ORETOTON		14. MOTHER'S MAIDEN Sarah	unknow	-	
	AN CREIGHTON VER IN U. S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	NFORMANT		Address	
(Yes, no. or unknown) NO	(If yes, give war or dates of service)	Mı	s. W. L. Do	uglas, Oln	ey, Maryla	ınd
Conditions, if gave rise to couse (o), stotin lying couse los	immediate DUE TO	TONTE BRITING TO DEATH SUF	NOT PELATED TO THE TERM	Theres	THE GIVEN IN PART	ONSET AND DEATH
	SHD =	Lu as at	The second second	MINE BISENSE COINE	1011 0111111111111111111111111111111111	PERFORMED?
	WAS UNDERLYING 1 205 DES	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port or Port of ite	m 18.)	
20c. TIME OF INJU Hour o. m p. m	. While	Not while fo	ACE OF INJURY (Home, fore clary, street, office bldg., et) (C	ounty) (State
actual signature /	that I attended the decease (-18 , 195 Republic	2_7_, and that death	19.5% to accurred at 2:60 M.D. 4460		uses and on the	date stated above PATE SIGNEL
220. BLR AL CREMAT TRANS		22c. NAME OF CEMETERY O	R CREMATORY		ty, town, or county) Heights,	(Stote)
23. EUNERAL DIRECTO	PUMPHREY, INC.	ADDRESS SPR	ING, MD. 24g. REC	SEP 21 '59	246 REGISTRAR'S SIG	7 / 10

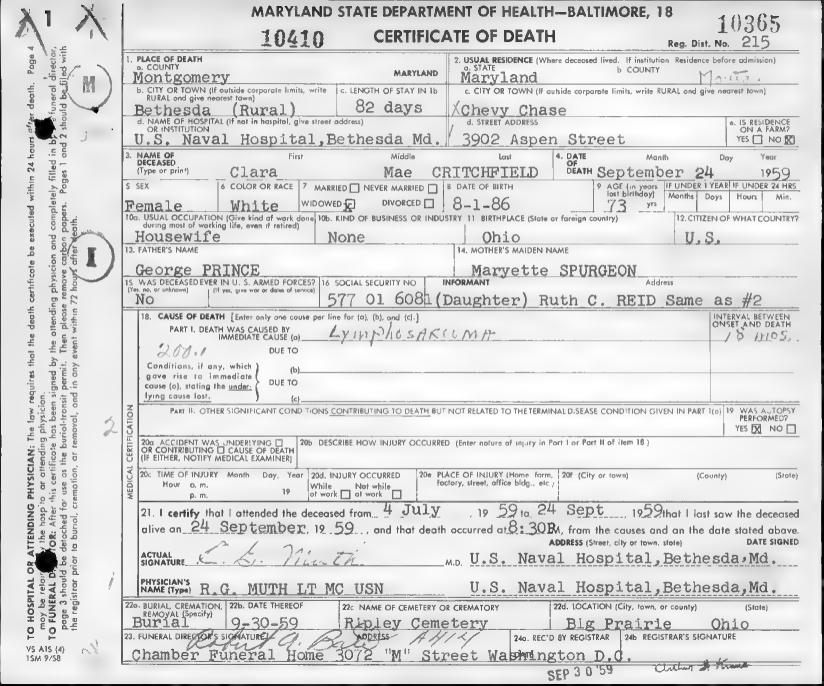


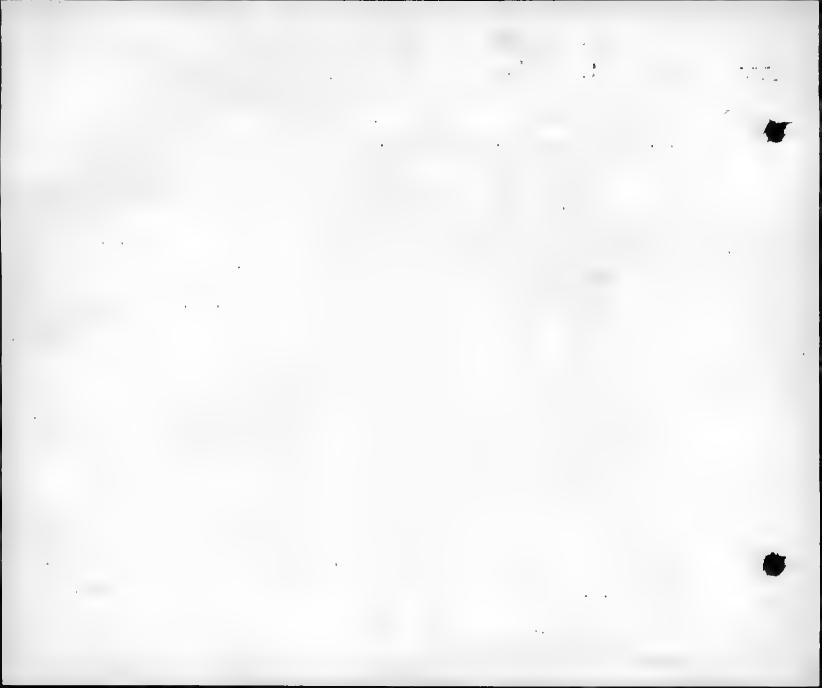
MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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CERTIFICATE OF DEATH

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<u> </u>		<u> </u>			•		Reg. Dist.	No.	
1. PLACE OF DEATH a. COUNTY		MARYLAND		USUAL RESIDENCE (Who, STATE	ere deceose	. EQUNTY		before admissi	an)
MONTGOMERY b CITY OR TOWN (If outside carporate limit: RURAL and give nearest town)	s, write	c. LENGTH OF STAY IN 16		MARYLAND C CITY OR TOWN (IF a	wiside carpo	MONTGO.		e negrest lawn)
OLNEY		3 DAYS	lx.	OLNEY					
d. NAME OF HOSPITAL (If not in hospital, gi OR INSTITUTION	ve street i	40 (0.1.1.2.4)	7	d. STREET ADDRESS				e, IS RESI ON A	DENCE FARM?
MONTGOMERY COUNTY GET	NERAL	HOSPITAL IN	<u>d. </u>	Box 69				YES 🗍	NO X
3. NAME OF Firs DECEASED (Type or print)		Middle		Last	4. DATE OF DEATH	Man			ear F o
UL/	ADYS	JENNET	-	CROSBY	DEATH		TEMBER	20 1	9 59
	WIDOWE	IED NEVER MARRIED DE DIVORCED DE DE	8. D	9 /7 /09		9. AGE (In years lost birthday) 5() yrs.		pys Hours	Min Min
10a. USUAL OCCUPATION (Give kind of work d	one 10b.	KIND OF BUSINESS OR INDU	ISTRY	11. BIRTHPLACE (State	ar foreign c	auntry)	12. CITIZI	EN OF WHAT	COUNTRY
during most of working life, even if relired) HOUSEWITE		Own Home		NEW YORK			111	SA	
13. FATHER'S NAME			14	. MOTHER'S MAIDEN N	J		0.	אר	
Lawre Capriers Drog						C			
JAMES GARFIEDL DEGA 15. WAS DECEASED EVER IN U. S. ARMED FORCE		SOCIAL SECURITY NO. 17.	HUEOS	LILLIAN \	TOLA	SPEEU			
(Yes, no, or unknown) (If yes, give war or dates of se-	Luca)	hC 00 0534		_					
No			105	PITAL RECOR	₹DS	ULNE	Y, MD.		
18. CAUSE OF DEATH [Enter only one cou PART I DEATH WAS CAUSED BY:	ise ger lir	ne far (a), (b), and (c).		1-1-				INTERVAL BET ONSET AND	
IMMEDIATE CAUSE (a),	_/ <i>\</i> / 2	m. Co. C	14	le losto-	لمب			6 0	
1 1 P DUE TO	0	20 1			1 1	2 /		· ·	
Conditions, if any, which) (b).	do	blema Ve		Ca (X	3- 1	Dres t	-		
gave rise to immediate couse (a), stating the under-	•		7						
lying cause last. (c)		V	V						
PANT 8. OTHER SIGNIFICANT COND 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	OITIONS C	ONTRIBUTING TO DEATH BUT	TON	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART 1	PERFOI	NO
200 ACCIDENT WAS UNDERLYING OF OR CONTRIBUTING OF CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	20b. DESC	CRIBE HOW INJURY OCCURRE	D (Er	iter nature of injury in P	Port I ar Par	11 of item 18.)			
3 20c. TIME OF INJURY Month, Day, Year	20d. IN	JURY OCCURRED 20e. PI	ACE (OF INJURY (Home, farm,	20f. (City	or lawn)	iCas	unly}	(State)
20c. TIME OF INJURY Month, Day, Year Hour st. m. 19	White of work	Not white fo	ictary,	street, affice bldg., etc.	1	•		,,	,,
	1	2 - 21	/			1			
21. I certify that I attended the	decease			. 1954, to 2				st saw the	
alive an 17 Au	_, 19_0	$\Sigma \mathcal{I}_{,-}$, and that death	000	turred at 5:20 F	_M, fron	n the causes a	nd an the	date state	d abave
J. D. J. D.	0	7 -1 M.	D,	to'o '	NDDRESS (SI	reet, city or town,	state)	PA.	TE SIGNES
SIGNATURE TO LOS	علابن	Sever-	M.D.	- Cllu	<u> </u>	mil		2/1	15
PHYSICIAN'S J. B. ZIE	GLE	1(1) (1)		OLNEY	O MAR	YLAND		(5'
220 BURIAL CREMATION, 226 DATE THEREOF		22c NAME OF CEMETERY O	R CRI			TION (City, town, o	r county)	(State	1
Bureman (Specify) 9/23/59	9	Gate of He			Silv			ryland	•
23. FUNERAL DIRECTOR'S SIGNATURE	TO	ADDRESS		24a. REC'E	BY REGIST	RAR 246 REGIS	TRAR'S SIGN	ATURE	
Tyson Wheeler-1331	I. B	Montg Ave/		DATE S	EP 23	'59 0	William St.	Thomas	

may be retained by the haspital or attending physician

TO FUNERAL DISCORDS. After this certificate has been signed by the attending physician and completely filled in by funeral director, page 3 should be retached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremalian, at removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4.

E.

VS A15 (4) 15M 10/57



death.

that the death certificate be executed within 24

VS A15 (4) 15M 9/5B

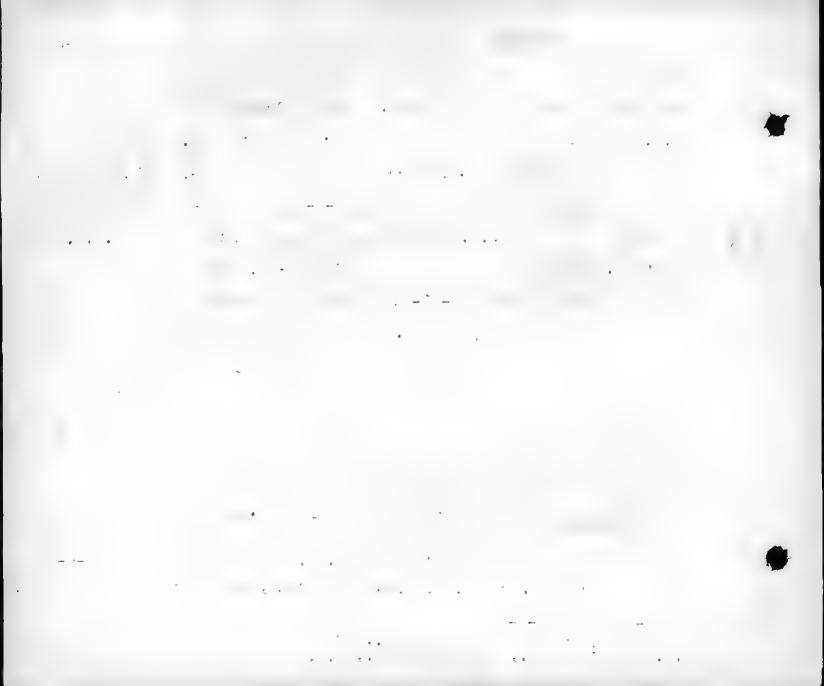
Co., 1400 Chapin St., N.W. DATE SEP 1 0 '59

Reg. Dist. No. 215 2. USUAL RESIDENCE (Where deceased lived, If institution Residence before admission c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) e. IS RESIDENCE ON A FARM? YES NO TO Year 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Hours 12. CITIZEN OF WHAT COUNTRY? U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES TO NO (State) 19 59, to September 7, 159, that I last saw the deceased

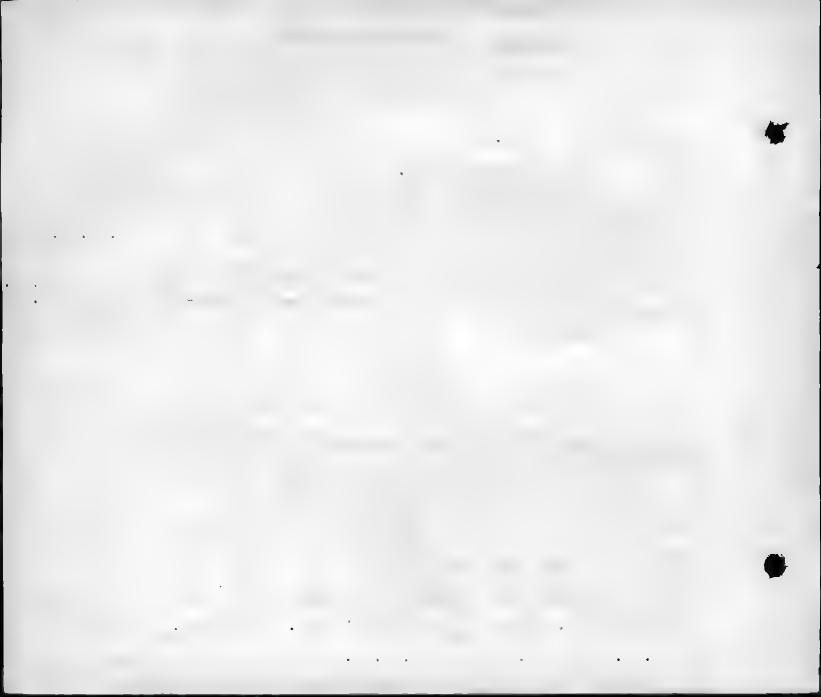
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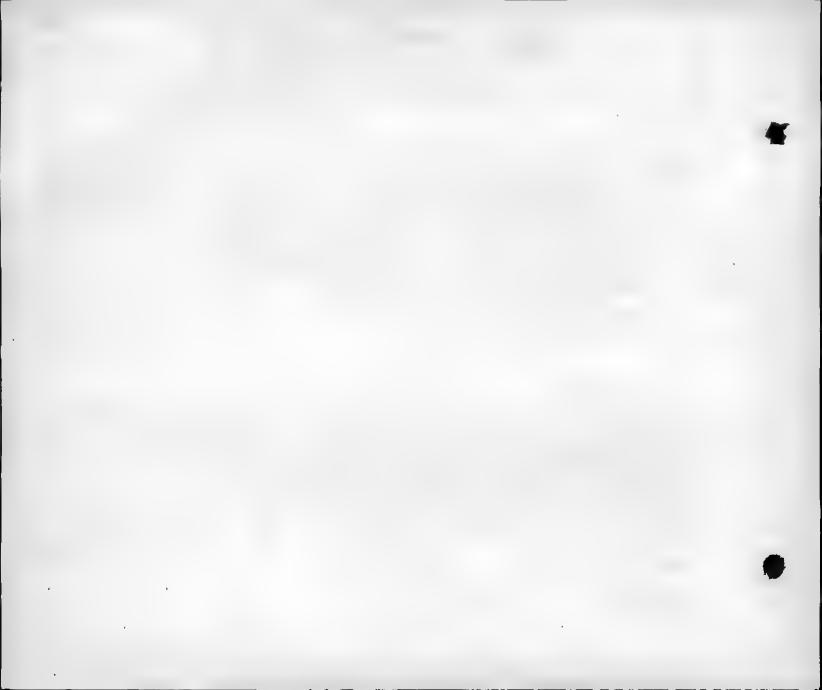
		QHZIII:	UA IL	JI DEAII	•	Re	g. Dist. No.	
PLACE OF DEATH o. COUNTY	Montgomery	MARYLA		at residence (Wi lary land			Residence before ac lontgome	
RURAL and give in	If outside corporate limits, write learest town) 18.86	c. tength of stay in unobtaina	مال ،	he vy Ch		mits, write RURA	L and give nearest	lown)
d. NAME OF HOSPI OR INSTITUTION 100				TREET ADDRESS)6 Primr	ose Str	eet	0	RESIDENCE IN A FARM? S NO 1
NAME OF DECEASED (Type or print)	First Wilhe	mina A.	(URTISS	4. DATE OF DEATH	Month 9	36"	Yeer 59
female	6. COLOR OR RACE 7. MARS	RIED NEVER MARRIED ED DIVORCED (1900	9. AC las			INDER 24 HRS ours Min.
during most of wor Housewill	ON (Give kind of work done 10b king life, even if retired)	KIND OF BUSINESS OR I	NDUSTRY 11	BIRTHPLACE (Slote [11inois	or foreign country)		U. S.	A.
FATHER'S NAME			14 MC	THER'S MAIDEN H	IAME			
John I	Hoch			unobtai	nable			
WAS DECEASED EVI	ER IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	17 INFORMA	M			Chevy C	
no		no	Char]	Les Lewi	s Curti	Ls=106	Primros	e St.
Conditions, if of gove rise to it couse (a), storing lying couse lost	immediate Dur 70	GOPON GOPON CONTENSION OF DEATH	arys, Pasa BUT NOT PEL	GEANTA Ulan a	IS GASE IS GASE NAL DISEASE CON	JOITION GIVEN	4) 96	INS,
200, ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY		GRIBE HOW INJURY OCC	_				To PI	RFORMED?
20c. TIME OF INJUI Hour o. m. p. m.	While	NJURY OCCURRED 20 Not while t of work	e. PLACE OF II foctory, stre	NJURY (Home, form et, affice bldg , eld	.) 20f (City or to	wn)	(County)	(State)
alive on	ngt I attended the deceas	57/		ed al 4/13 /	7.1.	causes and	on the date s	
PHYSICIAN'S NAME (Type) 20 BURIAL, CREMATIC	ON, 22b. DATE THEREOF	1/18//E 22c, MAME OF CEMETE	RY OR CREMA	WGS/	226 VOCATION (City town or a	auniv)	(State)
REMOVAL (Specify Burial		Arlington					irginia	formel
. FUNERAL DIRECTOR	'S SIGNATURE	ADDRESS			D BY REGISTRAR		R'S SIGNATURE	
he S. H.	Hines Co. Wa	shington.	D. C.	DATE	. a fall resid			



10349 **CERTIFICATE OF DEATH** Rea, Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) COUNTY **b** COUNTY MARYLAND FOMERN CITY OR TOWN (If outside carporate limits, write & LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL and give nearest lawn) べっしん ひょんにだ NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? ASHINGTEN SAN " YES TO NO IN Middle 4. DATE Month a DECEASED WALTER DEATH (Type or print) ヘミスルムワ 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 8 DATE OF 9 AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Days UDATE WIDOWED IT DIVORCED [7] 10o. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? MARYLAND 0.5 13. FATHER'S NAME DE GROUCHU IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 7 INFORMANT HOSPITAL 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES TO NO TO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour a.m. While Not while at work 🔲 at work p. m. _____1957__that I last saw the deceased 21. I certify that I attended the deceased from ___ , and that death occurred at 1/40 PM, from the causes and on the date stated above alive on ACTUAL SIGNATUR NAME (Type) 220. BURIAL CREMATION. 22c NAME OF CEMETERY OR CREMATORY 22d. TOCATION (City lown, or county) (State) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATULE **ADDRESS** 24b REGISTRAR'S SIGNATURE CHATE SEP 2 9 '59 arthur & Kenne

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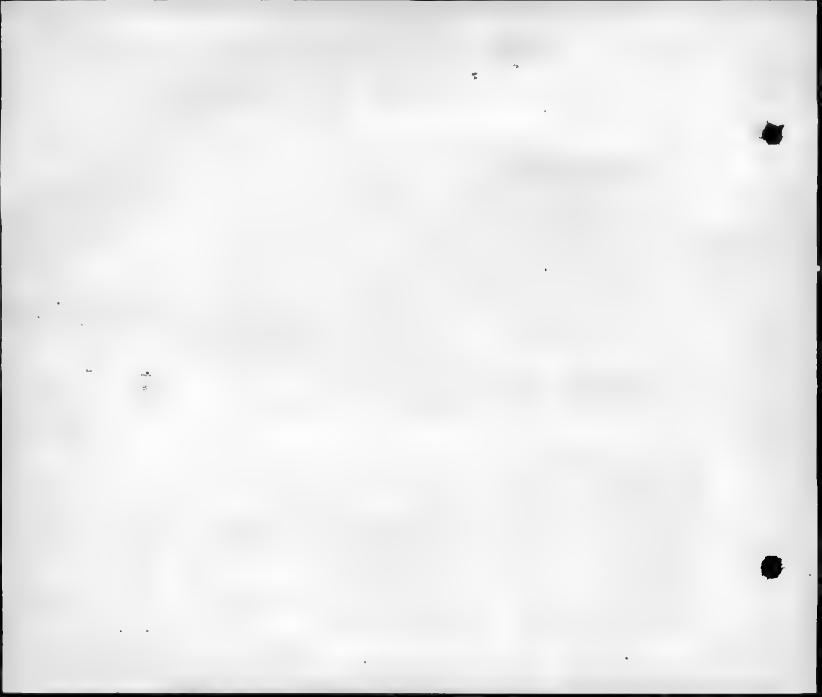


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OH S	5	page 3 should be detoched for use os the bur of-transit permit. Then please remove corban pape he registror prior to burial, cremation, or removal, and in any event within 72 hours offeredelth.
TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page	TO FUNERAL DIG. OR: After this certificate has been signed by the ottending physician and completely filled in by we funeral director,	프프
VS A	9/S8	1)

	MARYLAND	STATE DEPARTM	ENT OF HEALTH	-BALTIMOI	RE, 18	1.0.0	. 144
	10350	CERTIFICA	TE OF DEATH		Reg. Dist	103	70
1 1	PLACE OF DEATH 6. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Who			befare admi	ssion}
ŧ	b. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) TAKOMA Park	E LENGTH OF STAY IN 16	c CITY OR TOWN (If or	elside corporate limits,			vn)
(d. NAME OF HOSPITAL (If not in haspital, give street or INSTITUTION Wash SAM & Hosp.		d STREET ADDRESS	omer Au	e) .		SIDENCE A FARM?
	NAME OF First DECEASED (Type or print) Marie	Catherine	DINSMORE	4. DATE OF DEATH	Month Sept.	Doy 7	Year 1959
5. S	SEX 6. COLOR OR RACE 7. MARR Bensale Cauc. WIDOWE	IED NEVER MARRIED	8. DATE OF BIRTH 8-12-98	9. AGE (In last birt	years IF UNDER 1 hday) Months [YEAR IF UNE Days Hours	DER 24 HRS
0ф	USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Admin. Assot.	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State of	or fareign country)	12.CITIZ	EN OF WHAT	COUNTRY?
3.	FATHER'S NAME William, Exects		Maker K	AME Pischel			
(Yes	L no. or unknown)		NFORMANT RECE	neds	Address		
	18. CAUSE OF DEATH [Enter only one couse per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO	e for (a), (b), and (c).]	Odenveare	Indones		INTERVAL E	D DE ASH
	Canditians, if any, which gave rise to immediate cause (o), stating the under.						
CATION	PART II OTHER SIGNIF CANT CONDITIONS C	r	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITE	ON GIVEN IN PART	PERF	AUTOPSY ORMED?
CERTIFIC	20g. ACCIDENT WAS UNDERLYING 20b. DESC OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	TRIBE HOW INJURY OCCURRE		art I or Port II af item	18)		
MEDICAL	20c. TIME OF INJURY Month, Doy, Yeor 20d. It Hour a. m. While of wart	Not while for	ACE OF INJURY (Hame farm, story, street, office bldg, etc.)		(Co	ounty)	(Stote)
	21. I certify that attended the decease alive an Sept 6 , 19.		accurred at 1	M, fram the caus		date state	d abave
	ACTUAL Garage William	Ware	M.D. 900-	ADDRESS (Strogn, city o	y town, state)		TE SIGNED
	PHYSICIAN'S GEORGE WILLIAM W	ARE	War	lungton !			****
720 F	BURIAL (Specify) 9/10/59	22c. NAME OF CEMETERY O		22d. LOCATION (City MONTGOMERY			ote) ID
23 _[VARNER E. PUMPHREY INC. Raymond A. Fiska	SILVER SPRIN	24o REC'D		6. REGISTRAR'S SIGI	NATURE	



1	×ħ	Π	MARYLAND STATE DEPART	MENT OF HEALTH—BALTIMORE, 18
ه_ن	A		10414 CERTIFIC	CATE OF DEATH Reg. Dist. No. 10371
directo	5 P	1.	PLACE OF DEATH o. COUNTY Montgomery MARYLAND	2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o STATE Maryland b. COUNTY Montgomery
To to	M		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Silver Springs, Md 9 days	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
noys p	090		d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION St Philmena rest home	1d. STREET ADDRESS 417 Windsor St a. IS RESIDENCE ON A FARM? YES NO 3
illed in			NAME OF DECEASED (Type or print) windred H.	DobRin A. DATE Month Sept 18, 1959,9
r. Pog		5.	female white WIDOWED DIVORCED	B. DATE OF BIRTH Oct 10, 1879 9. AGE (In years last birthdoy) 79 Months Doys Hours Min.
rbon papers.	i go	100	b USUAL OCCUPATION (Give kind of work done libb. KIND OF BUSINESS OR IND during most of working life, even if retired) Housewife own home	New York 12. CITIZEN OF WHAT COUNTRY? New York U.S. \(\)
move carbo		<i>j</i> s.	James C. Higgins	14. MOTHER'S MAIDEN NAME Mary J. Johnson
ose remov	72 hou		ss, no or unknown) 1 (If yes, give wor or dates of service)	Address Arie D Mc Callam Silver Springs, Md.
en pleas	eidi.		18 CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	cular accident onsegnand death
sit permit. Th	nd in any eve		Conditions, if any, which gove rise to immediate cause (a), stating the under lying cause lost.	Arterioscherater Diseau approx 254
rial-tran	o dovoř.	CATION		UT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
the bu	<u>2</u>	L CERTIFI	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY OCCUR! OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port E ar Part II of item 18)
- USC 03	e a office	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Hour a m	PLACE OF INJURY (Home, form, 20f (City or town) (County) (State) factory, street, office bldg., etc.)
detached to	ior to burial, ci		21 I certify that I attended the deceased fram 9 - // alive on 9 - /8 - , 1959, and that dea ACTUAL SIGNATURE	th accurred at 515 DM, from the causes and an the date stated abave. ADDRESS (Street, city or town, state) M.D. 10620 George Suc. 9/18/5
3 shave	gistror	20.	PHYSICIAN'S NAME (Type)	Silver Spring Md
bage	e e		p. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY BUT1a1 9/21/59 Mt Olivet FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Cemetery Washington D. C.
(4) 'SS		23.	F. Gasch's Sons Hyattsville	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Md. DATE SEP 2 1 '59 Coothing & Frank



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH 10110

		10419	Quittii I				
	1 PLACE OF DEA	TH				tion. Residence before admission)	
/	Montgon	nery	MARYLAN	o. STATE India	ana b. COUNT	Y /	
	b CITY OR TO	WN (If outside corporate limits, live nearest town)	write c. LENGTH OF STAY IN 1	b c CITY OR TOWN (II	f outside corporate limits, write	RURAL and give nearest town)	
	Bethese		18 days	Columbus	3	*	
	d. NAME OF H OR INSTITUT	OSPITAL (If not in haspital, give	street address)	d, STREET ADDRESS		e. IS RESIDENCE ON A FARM?	
	U.S. Nay	val Hospital	Bethesda, Md.	511 Firs	st Street	YES NO 🚺	
	3. NAME OF DECEASED	First	Middle	Last	OF	anth Day Year	
	(Type or print)	Carl	Ernest	DOOLEY		ember 6 1959	
	5. SEX		MARRIED NEVER MARRIED		9. AGE (In years last birthdoy)	Months Days Hours Min.	
	Male	Caucasian		7 m 1 21 m m = -	L916 43 m		
	100. JSUAL OCCU during most a	IPATION (Give kind of wark dor f working life, even if retired)	ne 10b. KIND OF BUSINESS OR IN	IDUSTRY 11. 8IRTHPLACE (Stol	le or foreign country)	12.CITIZEN OF WHAT COUNTRY	
	Flori:		k	Texas		U.S.	
ノー	13 FATHER'S NAM	Æ		14. MOTHER'S MAIDEN			
	Isom 1			Lola TUF			
	(Yes, ea, or unknown)	DEVER IN U. S. ARMED FORCE: (If yes, give wor or dates of service)	ce)	INFORMANT		artney Drive	
	No			WillCham H. F	AFFEL Trians	gle, Virginia	
		F DEATH [Enter only one cause , DEATH WAS CAUSED BY:	per line for (a), (b), and (c).	V	X/ ·	INTERVAL BETWEEN ONSET AND DEATH	
	FARIT	IMMEDIATE CAUSE (a)	Herrah	e Man	precure		
	*	DUE TO	11 1		MAA .		
		if ony, which (b)	Morris	MA	(Vola)		
	couse (a), ste	oting the under-	C Kenni	0			
	Z lying couse	, (c) ~	CONIC CONTRIBUTING TO DEATH	BUT NOT BELATED TO THE TER	MINIAL DISSASS COND TION O	IVEN IN PART I(a) 19 WAS AUTOPSY	
	NOIL PART II	OTHER SIGNAL CONSTITUTION	IONS CONTRIBUTING TO DEATH	BOT NOT KEDNIED TO THE TEK	WINAL DISEASE COND HON O	PERFORMED?	
		IT WAS HNDERLYING FT 20	The DESCRIBE HOW INJURY OCCU	PRED. /Enter notuce of injury in	n Port Lor Port II of item 18.)	1000 1100	
	200 ACCIDEN OR CONTRIBU	IT WAS UNDERLYING [20 ITING [CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	B. DESCRIBE HOTE HOSER OCCU	MALES. SELLOW LIGHTER OF TO POST TO	, turn a rate of a rate of		
		NJURY Month, Day, Year	20d. INJURY OCCURRED 20e	PLACE OF INJURY (Home, for	rm, 20f. (City or town)	(Caunty) (State	
	20c. TIME OF I	1. m.	While Not while at work at work	foctory, street, office bldg., a		, , , , , , , , , , , , , , , , , , , ,	
	ž.	om. Y		eniet 10 50. 6	Sent 1050	9thot I last sow the decease	
	•	y that I offended the d 6. September				Zithof I last sow the deceased and on the dote stoted abave	
	alive on	o Bebreimer	, 19_ 29 , ond that de	occurred of Tank	ADDRESS (Street, city or town		
	ACTUAL	10/1/0	RIS	JUS Nat		Bethesda Md.9-7-	
- /	SIGNATURE_	W. KOLAS	ar in here	WANTE CONTINUE	TT HOPPT OGT	Debutesoal_MD.7=/=	
	NAME (Type)	William P. BA	KER LT MC USN	U.S. Nava	al Hospital. Be	ethesda Md.	
	220 BURIAL, CREA	AATION, 226. DATE THEREOF	22c. NAME OF CEMETER		22d. LOCATION (City, town,	, or county) (State)	
	REMOVAL (Sp Burial	Shipment 9/8	/59 Garland Bro		Columbus 3	Indiana	
	23 FUISERAL DIRE	CTOR'S SUSTINITIES			C'D BY REGISTRAR 245 REG	GISTRAR'S SIGNATURE	
		uneral Home 47	48 Wisconsin Av.	e N.W. Washill	ngton. D.G.	Orthon & Kraus	

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours may be retain the haspital or ottending physician.

TO FUNERAL D. OR: After this certificate has been signed by the attending physicion page 3 should be detached for use as the burial-transit permit. Then please remove control registrar priar to buriol, cremation, ar remayal, and in any event within 72 haurs of the TO HOSPITAL OR VS A15 (4) 15M 9/58

funeral directar, uld be filed with death. Page

and campletely filled in by me funeral



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10416 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institutions Residence before admission) e. COUNTY b. COUNTY MARYLAND c. CITY OR TOWN [1] outside corporate limits, write RURAL and give negrest town] b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 RURAL and give nearest town OF HOSPITAL (If not in hospital, give street address) . IS RESIDENCE INSTITUTION ON A FARM? YES IN NO IL NAME OF 4. DATE Month Year REPORTED IN OF DEATH (Type or print) 19.59 9 AGE (In years' lost birthday) 6. COLOR OR RACE 7 MARRIED NEVER MARRIED IF UNDER LYEAR IF UNDER 24 HRS SEX B. DATE OF BIRTH Months WIDOWED I DIVORCED | USUAL OCCUPATION (Give kind of work done lob. KIND OF BUSINESS OR INDUSTRY during most of working life, even if retired) BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? Nomo TS. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c) ONSET AND DEATH PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which) gove rise to immediate DUE TO couse (a), stating the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH PERFORMED? YES NO I 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20e PLACE OF INJURY (Home, form, 20f. [City or town) 20c. TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (Stote) factory, street, office bldg., etc.) Hour o. m. Not while ot work of work p. m. 8, to Sept. 22, 19 57 that I last saw the deceased 21. I certify that I attended the deceased from 12. and thordeath occurred at 2.557M, from the causes and on the date stated above. ADDRESS (Street, city or lown, state) **DATE SIGNED** ACTUAL SIGNATURE PHYSICIAN'S Norman H. Rubenstein M.D. NAME (Type) 22b DATE THEREOP 220 BURIAL, CREMATION, 22d LOCATION [City, town, or county] 22c. NAME OF CEMETERY OR CREMATORY 23. FUNERAL DIRECTOR'S SIGNATURE RECIÓ BY REGISTRAR 246 REGISTRAR S SIGNATURE 15M 10/57



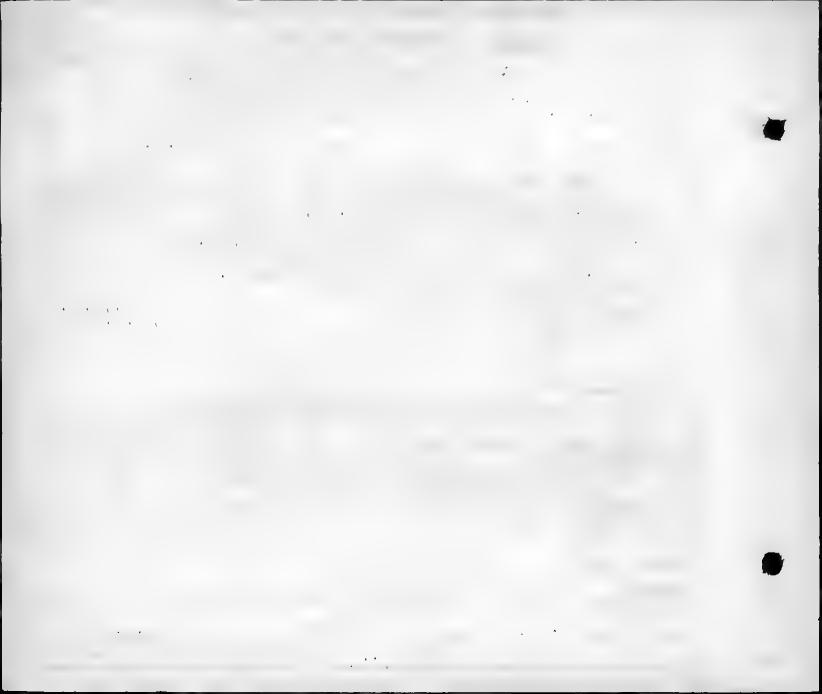
Wilson Blvd. Va

DATE

arthur & House

2847

death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10351 **CERTIFICATE OF DEATH** Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE, (Where deceased lived. If institution: Residence before admission) a. COUNTY P b. COUNTY MARYLAND Anna Arundel b. CITY OR TOWN (If gutsitie corporate limits, write c LENGTH OF STAY IN 16 c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest tawa, CONTRACTOR GALESVILLE Ta Kony d NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION ON A FARM? YES NO I þ NAME OF 4. DATE Middle Year 195-9 DEATH (Type or print) IF UNDER 1 YEAR IF UNDER 24 HRS S. SEX 6 COLOR OR RACE 7. MARRIED PINEVER MARRIED 8. DATE OF BIRTH 9. AGE (in Mars last birthdoy) Months Doys DIVORCED | WIDOWED yrs. 10a. USÚAL OCCUPATION (Give kind af work dane) 10b. KIND OF BUSINESS OR INDUSTRY/11. BIRTH/ 12. CITIZEN OF WHAT COUNTRY? ē during most of working life, even if retired) rerowing + Printing Mage. Vice-Pres. (retired) 13. PATHER'S NAME 14. MOTHER'S MAIDEN NAME (+ corge 1) Jane xhoosedox FRANK INFORMANT Address . WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 578-10-9997 CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying couse last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING TO OR CONTRIBUTING TO CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Part 11 of Item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, 20d, INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (State) Day, Year (County) foctory, street, office bldg, etc.) Hour o.m. While Not while at work at work p. m. 21. I certify that I attended the deceased from 19.47 that I last saw the deceased (4) A.M., from the causes and an the date stated above. alive apand that death accurred at 1 DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) James M. Whitlock 220 BURIAL CREMATION, 226 DATE THEREOF 22d. LOCATION (City, town or county) 22c. NAME OF CEMETERY OR CREMATORY (State) BUR LAL 9/24/59 CEDAR HILL CEMETERY PRINCE GEO. COUNTY. MD. 0 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D BY REGISTRAR

SILVER SPRING, MD.

DATE SEP 2 4 '59

Orthur & Krope

WARNER E. PUMPHREY. INC.

VS A15 (4)

15M 9/5B



Cithun & Frank

DATESEP 2 1 '59

	18_			IE OF DEATH			Reg. D	ist. No.		
o. county Montgomery		MAR	YLAND	2. USUAL RESIDENCE (Who STATE Chio	ere deceased in	ved If institutio b. COUNTY	n Resider	nce befa	re odmiss	ian)
b CITY OR TOWN (If autside corporate limi RURAL and give nearest town)	ts, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If a	itside carporati	e limits, write RU	RAL and	give nec	rest faw	1)
Bethesda		2h day	5	Cincinnati				44		
d NAME OF HOSPITAL (If not in haspital, g	jive street a			d. STREET ADDRESS					e. IS RES	IDENCE
The Clinical Center	Bet	hesda 14.	Md.	1912 State	Avenue			-		NO TO
3. NAME OF FIR DECEASED		Middle		Lost	4. DATE	Mant	1	Da	٧	Year
(Type or print) Sand	ira	Mari	е	Eckstein	OF DEATH	Septe	nber	1	7.	19 59
S. SEX 16. COLOR OR RACE	7. MARRII	ED NEVER MARRI	EDICE 8	DATE OF BIRTH	9.	AGE (In years		R I YEAR		ER 24 HRS
Female White	WIDOWED	DIVORCE	0 0 (October 6, 19	39	last birthday) 19 yrs.	Months	Days	Hours	Min
10a USUAL OCCUPATION (Give kind of work during most of working life, even if retired	dane 10b. K	IND OF BUSINESS	OR INDUSTR	RY 11 BIRTHPLACE (State of			12 CI	TIZEN C	F WHAT	COUNTRY
Stenographer C		Communications			nio			U.S.A.		
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAME								
Joseph E. Eckstein				Valda Steph	ens					
15. WAS DECEASED EVER IN U. S. ARMED FOR	CES? 16. S	OCIAL SECURITY NO	17 INF	ORMANT The Medi		cord Addre	153			
No No	' _ L	scertainal		The Clinical				ن عالما	Marvi	land
18. CAUSE OF DEATH [Enter only one co	use per line	e far (a), (b), and (c)						LINTE	DVAL BE	TWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o	Ser	ticemia	•					ONS	S) AND	DEATH
DUE TO										COUL L
Canditions, if any, which) (b) Acute Myelogenous Leukemia							6 Months			
gave rise to immediate		tes Mestos	CHOUSE	16 unemia					0 11	OIT OFICE
lying cause last.										
		ONTRIBUTING TO DE	ATH BUT NO	OT RELATED TO THE TERMIN	IAL DISEASE C	ONDITION GIVE	N IN PAR	T 1(a) 1	9. WAS	AUTOPSY
ර් Part 11. OTHER SIGNIFICANT CON									PERFO	RMED?
Part 11. OTHER SIGNIFICANT CON									YES FOR	NO C
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING		RIBE HOW INJURY O	CCURRED	(Enter nature of injury in Pr	art I or Port II	of item 18.)			YES 🔽	NO 🗆
PART II. OTHER SIGNIFICANT CON 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		RIBE HOW INJURY C	CCURRED	(Enter nature of injury in Pa	art I or Port II	of item 18.)			YES 🔽	№ □
	206 DESCI	RIBE HOW INJURY C	20e. PLAC	E OF INJURY (Home, farm,				County)	YES 🗾	
	206 DESCI	JURY OCCURRED Not while	20e. PLAC	(Enter nature of injury in Po E OF INJURY (Home, form, ry, street, affice bldg., etc.)			(4	County)	YES 🔽	(State)
20c. TIME OF INJURY Month, Day, Yed Hour a.m. p. ro. 19	20b DESCI or 20d INI White of work	JURY OCCURRED Not while	20e. PLAC foctor	E OF INJURY (Home, farm, ry, street, affice bldg., etc.)	20f. (City or	tawn)		•		(State)
20c. TIME OF INJURY Month, Day, Yed Haur a.m. p. m 19 21. I certify that I attended the	20b DESCI or 20d INI White of work	JURY OCCURRED Not white of work framAugus	20e. PLACI factor	E OF INJURY (Home, form, ry, street, affice bldg., etc.)	201. (City or otember	17 ₁₉ 59	that I	last so	w the	(State)
20c. TIME OF INJURY Month, Day, Yed Hour a.m. p. m 19	20b DESCI or 20d INI White of work	JURY OCCURRED Not white of work framAugus	20e. PLACI factor	E OF INJURY (Home, form, ry, street, affice bldg., etc.) 19.59, ta Ser	201. (City or tember	17 ₁₉ 59	that I	last so	w the	(State) deceased
20c. TIME OF INJURY Month, Day, Yed Hour a.m. p. m 19 21. I certify that I attended the alive an September 17	20b DESCI or 20d INI White of work	JURY OCCURRED Not white of work framAugus	20e. PLACI factor	E OF INJURY (Home, form, ry, street, affice bldg., etc.) 19.59, ta Ser	201. (City or tember	17 ₁₉ 59 he causes ar	that I	last so	w the	(State) deceased abave
20c. TIME OF INJURY Month, Day, Yes Hour a.m. 19 21. I certify that I attended the alive an September 17	20b DESCI or 20d INI White of work	JURY OCCURRED Not white of work framAugus	20e. PLACI factor	E OF INJURY (Home, form, ry, street, office bldg., etc.) 1959, to Ser accurred at 7:42	otember M, fram to pooress (Street) Cont	17 ₁₉ 59 he causes ar	,that I id an t	last so	w the	(State) deceased
20c. TIME OF INJURY Month, Day, Yed Hour a.m. p.m. 19 21. I certify that I attended the alive an September 17 ACTUAL SIGNATURE CILLUR R	206 DESCI or 20d INL While of work decease	JURY OCCURRED Not while of work d framAugus , and that	20e. PLACI factor	te OF INJURY (Home, form, ry, street, office bldg., etc.) 1959, to Serectorred at 7:42 The Clinical National Ir	201. (City or bettember) M., fram E (Street) Contact (Street)	17 ₁₉ 59 he causes ar t, city or town, ser es of He	,that I id an t	last so	w the	(State) deceased abave
20c. TIME OF INJURY Month, Day, Year Haur a.m. p. m 19 21. I certify that I attended the alive an September 17 ACTUAL SIGNATURE ALTHUR R. RC	206 DESCI 20d INL White at wark decease 19 5	of twark of the	t 24 death o	F OF INJURY (Home, form, ry, street, affice bldg., etc.) 19.59 to Sex securred at 7:42 The Clinical National Ir Bethesda 11	tember M, fram to pooress (Street Late) Stitut	17 ₁₉ 59 he causes ar t, city or town, s er es of He land	that I d an t	last so	tw the state of p/17	(State) deceasex ed abave ATE SIGNED /59
20c. TIME OF INJURY Month, Day, Yed Hour a.m. p. m 19 21. I certify that I attended the alive an September 17 ACTUAL SIGNATURE OF THE REPORT OF THE PROPERTY	206 DESCI 20d INL White at wark decease 19 5	JURY OCCURRED Not while of work d framAugus , and that	t 24 death o	F OF INJURY (Home, form, ry, street, affice bldg., etc.) 19.59 to Sex securred at 7:42 The Clinical National Ir Bethesda 11	201. (Gity or tember M., fram the portess (Street 1 Cent astitut 1. Mary	17 ₁₉ 59 he causes ar t, city ar town, s er es of He land	that I ad an total	last so	w the state of py 9/17	(State) deceasex ed abave ATE SIGNED /59
20c. TIME OF INJURY Month, Day, Yed Hour a.m. p.m. 19 21. I certify that I attended the alive an September 17 ACTUAL SIGNATURE CLUBERT R. PHYSICIAN'S NAME (Type) ARTHUR R. RC 220 BURIAL CREMATION 22b DATE THEREO	206 DESCI While of work decease 19 5 OTHMAN	of twark of the	t 24 death o	The Clinics National Ir Bethesda 1	201. (Gity or tember M., fram the portess (Street 1 Cent astitut 1. Mary	town) 17 ₁₉ 59 he causes or t, city or town, seer es of He land N(City, town, or, nnati.	that I ad an t total	last so he dat	w the restate por 9/17	(State) deceasex ed abave ATE SIGNED /59

may be retained by the haspital ar attending physician.

TO FUNERAL DESTOR: After this certificate has been signed by the attending physician are page 3 should are detached for use as the burial-transit permit. Then please remove carbot the registrar prior to burial, crematian, ar removal, and in any event within 72 hours after VS A15 (4) 15M 10/57

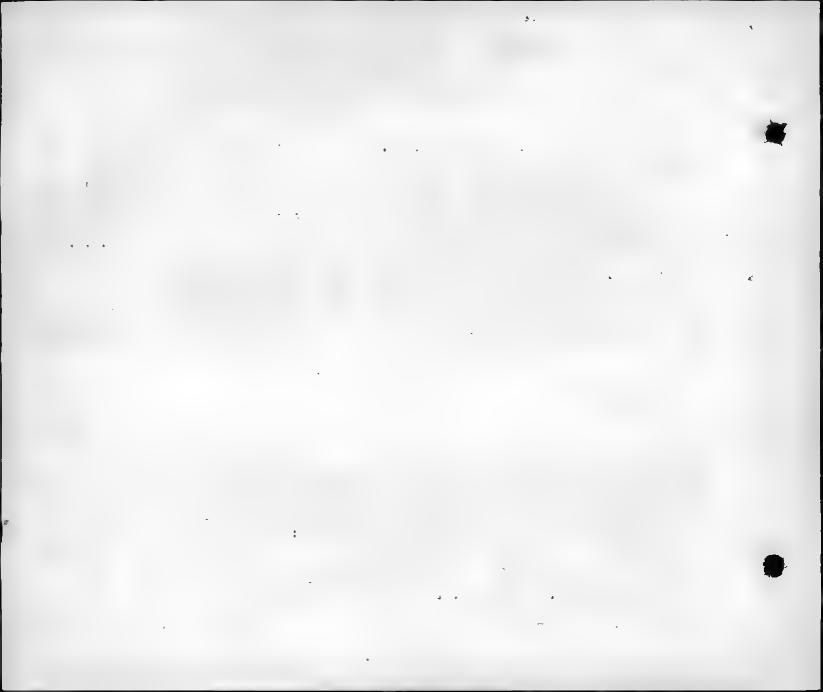
ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4

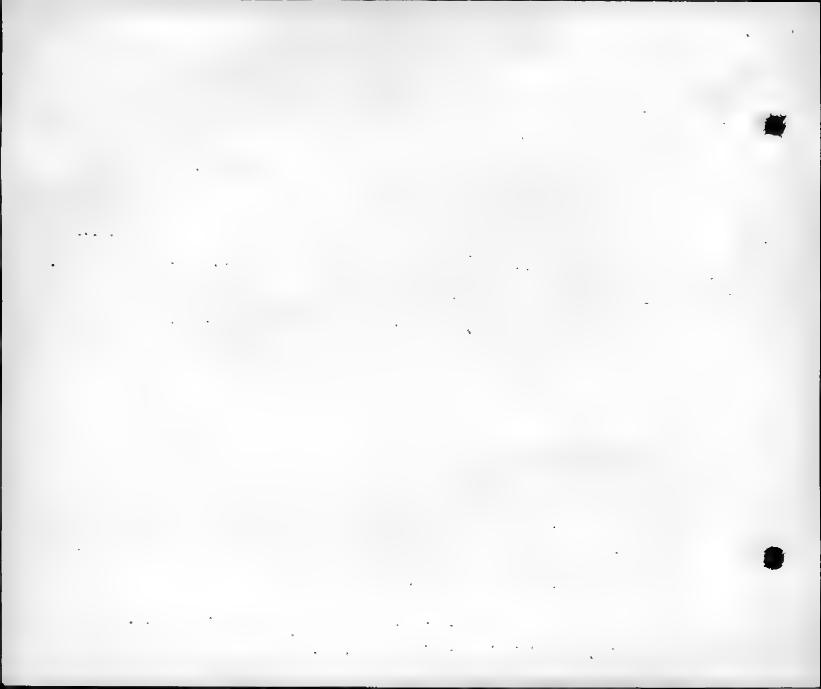
After this certificate has been signed by the attending physician and campletely filled in by hed far use as the burial-transit permit. Then please remove carban papers Pages 1 and

Then please remove carban papers

funeral director,

should be filled





After death. Page 4 in Up the funeral director, and 2 should be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur TO FUNERAL DR: After this certificate has been signed by the attending physician and campletely filled page 3 shauld be detached far use as the burial-transit permit. Then please remave carban popers. Pages 1 of the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A1S (4) 1SM 9/SB MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10419 CERTIFICATE OF DEATH

Reg. Dist. No.1()378

1.	PLACE OF DEATH					2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) 5. COUNTY 6. COUNTY									
	M ont r	NO 0 2027			MARYLAND		.M. ar	37]	ond	671	2001411	Vi or	atgon	165 777	
	b. CITY OR TOWN (IF RURAL and give nec	outside Corporate limi arest town)	its, write	c. LENGTH (OF STAY IN 16	c.	CITY OR TOWN			orote limit	s, write R				
	Bothes	3-0		17 6	davs	X	Bethe	esd.	a						
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16.	FATHER'S NAME					14. A	OTHER'S MAIL	DEN N	IAME						
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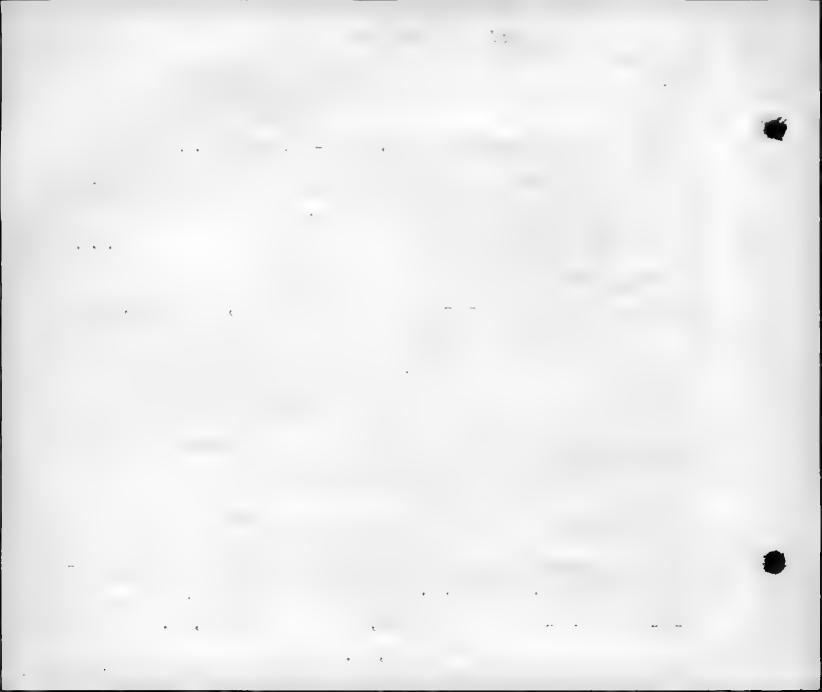
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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

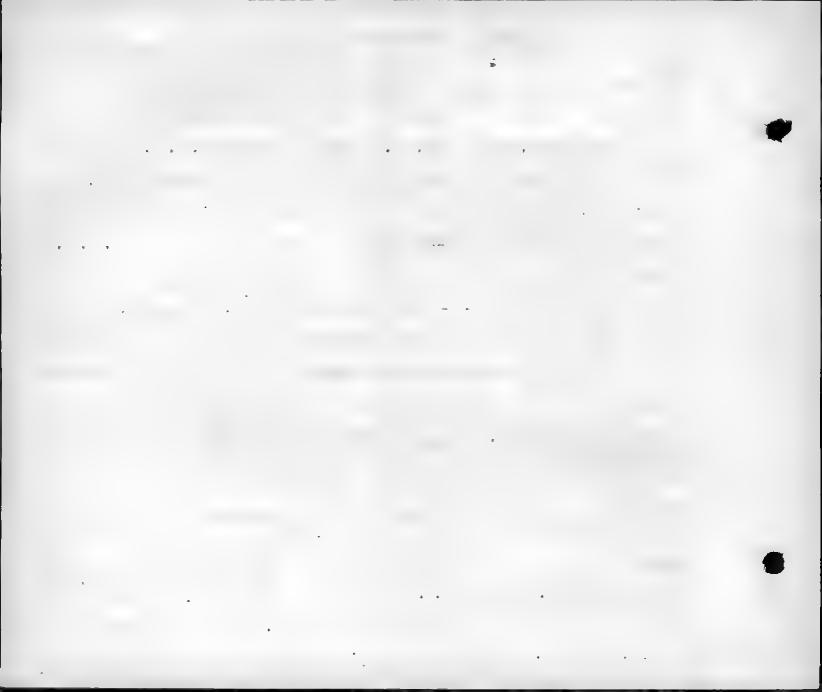
10421 CERTIFICATE OF DEATH

Reg. Dist. No. 1038()

Bethesda A NAME of NOSTRAL (I'red in hospital, gives street oddiesa) The Climical Center, Bethesda 11, Md. A STREET ADDRESS ONA FARM. THE CLIMICAL CENTER, Bethesda 11, Md. ONA FARM. ONA FA	1. P	COUNTY MONTGOMER			MARYLA	2 USUAL RESIDENCE (Where deceased lived If institution: Residence before admiss on) 0. STATE COUNTY						fmiss on)	
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The Clinical Center, Bethesda 11, Md. 906 - 3rd Street, S.E. VES NO Day Model Dames Court Court Court Court September Court Court Court Dames Court Court Court September Court S	-		I (If not in hospital c	ive threat	oddress)							4/	N. T.
NAME OF DECEASED James James Richard English Date Date Deceased Deceas	`												
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20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m. 21. I certify that I attended the deceased fram August 28, 1959, ta September 6, 1959, that I last saw the deceased alive on September 6, 1959, and that death accurred at 2205 AM, from the causes and an the date stated above. ACTUAL SIGNATURE SIGNATURE Charles E. Mengel, M. D. PHYSICIAN'S Charles E. Mengel, M. D. PHYSICIAN'S NAME (Type) 220. BURIAL CREMATION. BURIAL DIRECTOR'S SIGNATURE ADDRESS SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE BURIAL CREMATION. 24b. REGISTRAR'S SIGNATURE	E	200. ACCIDENT WAS	UNDERLYING [20b. DES	CRIBE HOW INJURY OCC	URRED.	(Enter noture of i	njury in P	ort I or Port II	of ilem 18)			
27. I certify that I attended the deceased from August 28 , 19 59, to September 6, 19 59, that I last saw the deceased alive on September 6 , 19 59 , and that death accurred at 2:05 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE SIGNATURE Physician's Charles E. Mengel, M. D. Physician's Charles E.	18	(IF EITHER, NOTIFY A	MEDICAL EXAMINER)										
27. I certify that I attended the deceased from August 28 , 19 59, to September 6, 19 59, that I last saw the deceased alive on September 6 , 19 59 , and that death accurred at 2:05 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE SIGNATURE Physician's Charles E. Mengel, M. D. Physician's Charles E.	3		Month, Day, Yes	r 20d. It	NJURY OCCURRED 20	e. PLAC	E OF INJURY (He	me, form,	20f. (City o	r town)	íCe	lylnuc	(Stole)
27. I certify that I attended the deceased from August 28 , 19 59, to September 6, 19 59, that I last saw the deceased alive on September 6 , 19 59 , and that death accurred at 2:05 AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL SIGNATURE SIGNATURE Physician's Charles E. Mengel, M. D. Physician's Charles E.	١٩		19			focto	ry, street, office b	ildg., etc.	1		,		(,
actual signature Charles E. Mengel, M. D. National Institutes of Health Bethesda II. Maryland 220. Burial Cremation 9-11-59 221. Date thereof 9-11-59 222. Name of cemetery or crematory Pulaski, Va. 233. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE	H K				Assessment	28	50	0		- 6 FC			
ACTUAL SIGNATURE THE CLINICAL Center 9-7-59 PHYSICIAN'S Charles E. Mengel, M. D. National Institutes of Health Bethesda Li. Maryland 220. BURIAL CREMATION. 22b. DATE THEREOF 9-11-59 PHYSICIAN'S Charles E. Mengel, M. D. National Institutes of Health Bethesda Li. Maryland 22c. NAME OF CREMATORY Pulaski, Va. (Stote) Pulaski, Va. (Stote) 23. FUNERAL DIRECTOR'S SYGNATURE ADDRESS ROOKET 13. 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE	I .	Cant		deceas	A		19.27	to De	premper	· 0, 19.59	,that I lo	ast saw t	the deceased
ACTUAL SIGNATURE CLINICAL Center 9-7-59 PHYSICIAN'S Charles E. Mengel, M. D. National Institutes of Health Bethesda li, Maryland 220. BURIAL CREMATION. 22b. DATE THEREOF 9-11-59 22c. NAME OF CEMETERY OR CREMATORY Pulaski, Va. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROOKWILLS PORTON THE Clinical Center 9-7-59 National Institutes of Health Bethesda li, Maryland 22d. LOCATION (City, town, or county) Pulaski, Va. 23d. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE		alive on Sept	emper o	, 19	2.7, and that de	eath a	occurred at 2	:05 .	AM, from	the causes a	nd an th	e date s	tated abave.
PHYSICIAN'S Charles E. Mengel, M. D. National Institutes of Health Bethesda II., Maryland 220. BURIAL CREMATION. BET 121(Specify) 9-11-59 221. NAME OF CREMETERY OR CREMATORY Pulaski, Va. 232. FUNERAL DIRECTOR'S SYGNATURE ADDRESS ROOKWILLE CHARLES SYGNATURE ADDRESS ROOKWILLE CHARLES SYGNATURE PROPERTY 110-10-10-10-10-10-10-10-10-10-10-10-10-			0 1		100.	- 1							
NAME (Type) Charles E. Mengel, M. D. Bethesda III, Maryland 220. Burlel (Specify) Pulaski, Va. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROOKYI 13. P. D. Bethesda III, Maryland 22d. LOCATION (City, town, or county) Pulaski, Va. 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE		ACTUAL SIGNATURE	houses	5	YVIlmy	M	The Cl.						9-7-59
NAME (Type) Charles E. Mengel, M. D. Bethesda III, Maryland 220. Burlel (Specify) Pulaski, Va. 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ROOKYI 13. P. D. Bethesda III, Maryland 22d. LOCATION (City, town, or county) Pulaski, Va. 24o. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE			2 2		(Nation	al L	nstitut	es of H	ealth		
220. BURIAL CREMATION. 22b. DATE THEREOF P-11-59 22c. NAME OF CEMETERY OR CREMATORY Pulaski, Va. (Stote) 23. FUNERAL DIRECTOR'S SYGNATURE PROPERTY 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ROOKY 130.		NAME (Type)	narles E.	Meng	el, M. D.		Bethes						
Burlai (Specify) 9-11-59 New River, Pulaski, Va. 23. FUNERAL DIRECTOR'S SIGNATURE ROOKY 110 M. 240. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE ROOKY 110 M.	220.	BURIAL CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEMPTE	RY OR C					r county)		Ctatal
Rockville, M.									Pula	ski, Va.			Protel
Rockville, M.	23. F	UNERAL DIRECTOR'S	S/GNATURE	1	ADDRESS		1,	4n REC'S	NY PEGISTRA	P 245 PEGIS	TPAP'S SIGN	MATURE	
DAMES USS COLL S &	1	CIJ. F	Kidum	di.		le,	140 i i		1 0 '59			_	



ĺ	MARTLAND STATE DEPA			LTIMORE, 1	-	0381
	10422 CERT	IFICATE OF D	DEATH		Reg. Dist. No.	0301
	1. PLACE OF DEATH . COUNTY MONTGOMERY MAR	YLAND 2 USUAL RESID	DENCE (Where decea	sed lived If institution b. COUNTY	Residence before	e admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			porote limits, write RU		est lown)
_	Bethesda 88 day	78 The		of Columbi		
	The Clinical Center, Bethesda 11.			Place. N.	E.	. IS RESIDENCE ON A FARM? YES NO THE
3.	NAME OF First Middle DECEASED					Yeor
	(Type or print) Agnes Iren		eh DEAT	nebre		1959
5. Si	Female White WIDOWED DIVORCE		1016		FUNDER 1 YEAR I Months Doys	Hours Min
10a		OR INDUSTRY 11 BIRTHPL	ACE (State or foreign		12 CITIZEN OF	WHAT COUNTRY
	o. USUAL OCCUPATION (Give kind of work done during most of working life even if relired) Housewife & Cashier	hop	Missour	1	U. S	S. A.
13	FATHER'S NAME	14. MOTHER'S	MAIDEN NAME			
_	Charles Ketchum			endricks		
1.	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 7 (17) yes, give wer or dotes of services			Record Addre		
	No 498-16-8589		cal Cente	r, Bethesd		ryland
	IB CAUSE OF DEATH [Enter only one couse per line for (o), (b) and (c) PART I. DEATH WAS CAUSED BY:	•			INTER	RVAL BETWEEN T AND DEATH
	IMMEDIATE CAUSE (o) GLIS GEOGLIGOSTO	nal Henorths	ige		4	Weeks
	Conditions, if ony, which) DUE TO	marra Tarriana				3622
	gove rise to immediate	mona Tenkeun	<u> </u>			Months
	couse (a), stating the under-					
Z		ATH BUT NOT RELATED TO	THE TERMINAL DISEA	SE CONDITION GIVE	N IN PART 1(o) 19.	. WAS AUTOPSY
CAT	GassGangrene of Bowel, Liver, w	th Clostridi	ium Septic	emia		PERFORMED?
CESTIFICATION	206. ACCIDENT WAS UNDERLYING 206. DESCRIBE HOW INJURY () OF CONTRIBUTION CAUSE OF DEATH () FETHER, NOTIFY MEDICAL EXAMINER)	CCURRED. (Enter nature of	injury in Port I or Po	ort II of item 18.)		
MEDICAL		20e. PLACE OF INJURY (Infoctory, street, office	lome, form, 20f. (Ci bldg., etc.)	ly or town]	(County)	(State)
-		e 29 ₁₉ 59	Sentemb	er 25 ₁₉ 59		.1
		death accurred at	0:00P	MALTIK 1786	inar i last sav	withe deceased
	41 1/ 1/20 12.1	t .		Street, city or town, st		STOTED ODDVE PATE SIGNED
	SIGNATURE CHANGE C. Machani	- Mp	The C	linical Ce	nter	9/26/59
	PHYSICIAN'S DEGUADO O MOGULANZO ME			nal Instit		Health
	NAME [Type] RICHARD C. MECHANIC, M.D.		Bether	ada Ili, Ma	ryland	**-*
22 I		etery or crematory n National	22d LOC	ATION (City, lown, or Irling ton	county)	(Stote) 11名
2:	FUNERAL DIRECTOR'S SIGNATURE The S. H. Hines Co. 2901 Mith S		24a REC'D BY REGI	STRAR 24b REGIST	RAR'S SIGNATURE	
	Washing ton	D.C.	DATE TO 2 8 T	59 (1)	un g Krak	



funeral

may be retain the haspital at attending physician.

TO FUNERAL DI COR: After this certificate has been signed by the attending physicion and completely filled in by me fune page 3 should be detached far use as the burial-transit permit. Then please remave corbon papers. Pages 1 and 2 shauld the registror prior to burial, cremation, or removal, and in any event within 72 haurs ofter death.

ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours

TO HOSPITAL OR

VS A15 (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10423

CERTIFICATE OF DEATH

1/10/20

		- 1	U	J	0	
40	Diet	Mac				

								Me 8. 0.00		
1. PLACE OF DEATH o. COUNTY Mont	tgo ery		MARYLAND	2 USUAL RES	Marvl		d lived. If instituti 6 COUNTY			
b. CITY OR TOWN (IF a	outside corporate lim	its, write	c. LENGTH OF STAY IN 16	c CITY OF	V		prote limits, write R			
RURAL and give near Bethe	rest town) esda		2 hrs. 50 mir	I X K	Censin	gton				
d NAME OF HOSPITAL		give street	oddress)	d STREET		773			C	S RESIDENCE ON_A FARM?
Subi	ırban Hosp	ital		11112	Lund !	Place			YE	S NO 🔀
3. NAME OF DECEASED (Type or print)	Rose	rst	Middle C	Fitzgera	ost ald	4. DATE OF DEATH	Septembe September		Day	Year 19 50
5. SEX	6 COLOR OR RACE	7 MARI	RIED X NEVER MARRIED	8 DATE OF BIR		1	9 AGE (In years	IF UNDER T		UNDER 24 HRS
Female	White	WIDOW		11/9	100		lost birthdoy) (7/) yrs.	Months D	Poys Ho	ours Min.
10a USUAL OCCUPATION	(Give kind of work	done 10b	KIND OF BUSINESS OR IND	USTRY 11 BIRTH	PLACE (Stote	or foreign c	ountry)	12 CITIZE	N OF WH	HAT COUNTRY
during most of workin	g life, even it retired	" .2	Variable.	77	cass	,		1 4	1.51	9.
13 FATHER'S NAME	7,-0		incocorcia	14. MOTHER			1		~	11 11
Patroick	C		- /		76-	6/1	Rety U	wu r	1/4/	reg
	IN U. S ARMED FOI	RCES? 16.	SOCIAL SECURITY NO.	INFORMANT	6-1-1		Add	ress	//	
(Ves, no, or unknown)	yes, give war or dates of	sarvice; C	19-14-5-107	vs. Nor	mans	E /4	Laif. 1/2	1/2	of the	nel 1
	I [Enter only one of WAS CAUSED BY:	ouse per li	ne for (o), (b), and (c).]	5 /	-	1 >	0 0	1 .	ONSET A	AL BETWEEN
	MMEDIATE CAUSE (16	cult light	Draw A	ears.	Jarren	1. Con for	example	101	munki
1 1 1	DUE TO	13	The C.	//	15	3			2	,
Conditions, if ony gove rise to im-										
couse (o), stoting the			2 7 40	3//					7	2
lying couse lost.) (c) (C	Munte	e e					1	
PART II OTHE	R SIGNIFICANT CON	IDITIONS (CONTRIBUTING TO DEATH BL	JT NOT RELATED 1	TO THE TERM	INAL DISEAS	E CONDITION GIV	/EN IN PART 1	(o) 19. W	VAS AUTOPSY ERFORMED?
3	(tho	Million						YE	S NO 🗆
20a. ACCIDENT WAS OR CONTRIBUTING D (IF EITHER, NOTIFY M	CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OCCURE	RED. (Enter noture	of injury in	Port I or Por	rt II of item 18.)			
20c. TIME OF INJURY Hour o. m.	Month, Doy, Ye	or 20d I		PLACE OF INJURY foctory, street, offi	(Home, form	n, 20f. (Cit)	y or fown)	(Co	unty)	(State)
₹ p. m.	ly	of wor	k of work			d				
21. I certify tha	t I attended the	deceas	ed fram	, 195	7_, to=	rest	12, 19.5	That I last	saw th	ne deceased
alive an	417	-1719	27_ and that dear	th accurred a	t	_M, fram	the causes an	d an the	date sta	ated abave
1 J		/				ADDRESS (S	treet, city or town,	stote)		DATE SIGNED
SIGNATURE	-91-16	rend	e mo	_M.D. / 0	511) rem	met 19	ve	74	1-18,19
PHYSICIAN'S GE	orge Sha	arpe	M.D.			Kenn	my/2m,	Med	/	,
220. BURIAL CREMATION REMOVAL (Special)	22b, DATE THEREO	OF C	22c. NAME OF CEMETERY				TION (City, town,		4	(Stote)
Dur-Fransit	A/ TO/ 26	-	St. Patrio	:KS		Fall		*		usetta
Robert A.		317 1	ADDRESS Bethesda, Ma	haelva		D 8Y REGIS		STRAR'S SIGN	IATURE	
ROBELL A.	r ombur.	- y	bechesua, M	ar y rand	DATE S	EP 21 '	59 0	el a	2	



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10383 1035 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 Reg. Dist. No. should PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY O. STATE MARYLAND b. CITY OR TOWN (It outside corporate c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town) 4. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? YES 🔲 NO 🛭 中華 NAME OF First Middle 4. DATE Lost Month Year DECEASED OF (Type or print) DEATH 2 19 S S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 2 B. DATE OF BIRTH 9. AGE (in years IFUNDER TYEAR IF UNDER 24 HRS ind 3 to the retained 1 last birthday) Months Days Min. Hours WIDOWED IX DIVORCED [yrs. 10g USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) and and a Laure 13. FATHER'S NAME may 14. MOTHER'S MAIDEN NAME Pages OYN S $\sigma n \circ q$ 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 1B. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN PART J. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) **DUE TO** Canditions, if any, which gove rise to immediate cause **DUE TO** (o), stating the underlying couse last. lulio D PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 SO WAS AUTOPSY PERFORMED? NO IT 20g. EXTERNAL CAUSE WAS PRIMARY OF ON CONTRIBUTING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) factory, street, affice bldg., etc.) Haur While Not while Waster 1953 of work of work 21. I certify that I took charge of the remains described above, held an Autopsy []. Inspection 🔀 Inquiry and find that death resulted from: Natural causes | | Accident X, Suicide Homicide . Undetermined cause MEDICAL ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE forwarded FUNERAL ASSISTANT MEDICAL EXAMINER removal بالموج **EXAMINER'S** 3418Cha NAME (Type) DEPUTY MEDICAL EXAMINER BURIAL, CREMATION. 226. DATE THEREOF 22c. NAME OF CEMETERY OR PREMATORY 22d. LOCATION/(City, town, on courly) SEMOVAL (Specify) Durca ADDRESS **EUNERAL DIRECTOR'S** 240. REC'D WESGISTRAR 5 4 246. REGISTRAR'S, SIGNATURE VS. ALSMEIS) & Thrace DATE 5M 9/55



ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

VS A15 (4) 15M 9/5B

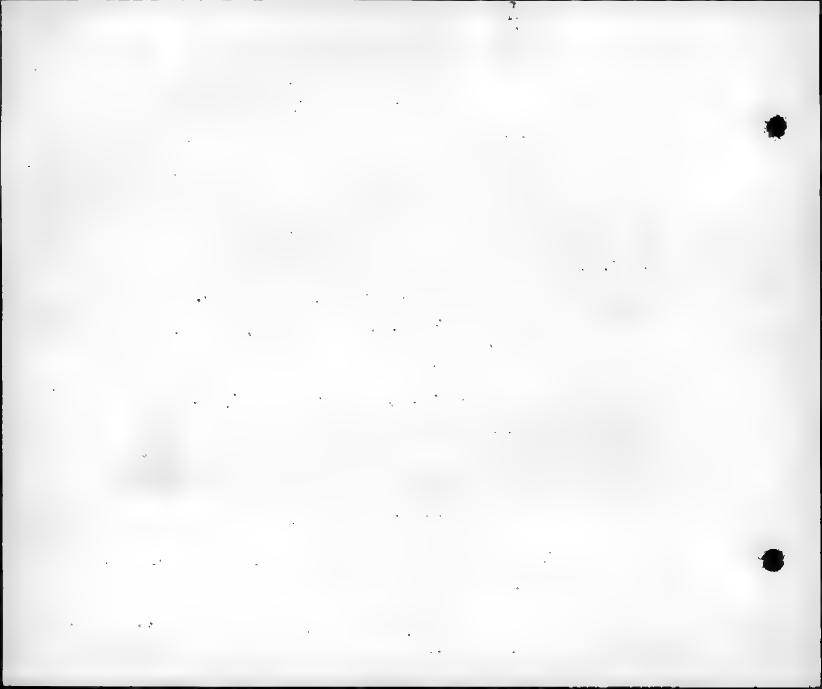
death. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10424

CERTIFICATE OF DEATH

10384

	7031	# T				_		Keg. Dist	. No.	
PLACE OF DEATH o. COUNTY	Montgon	ery	MARYLAND	- II - o	SUAL RESIDENCE (W. STATE Maryla		d lived. If institution b. COUNTY		one before admis	ssion)
b. CITY OR TOWN	(If outside corporate limi	ts, write	c. LENGTH OF STAY IN 16	c.	CITY OR TOWN (If		rote limits, write R	URAL ond gi	ve nearest tow	vn)
RURAL ond give r			4 weeks, 2 d	a vs	× G	aither	sburg			
d. NAME OF HOSPI OR INSTITUTION	lethesda IAI (If mol in hospitol g Suburban H		oddress)		street address 1 424 Fre	derick	Ave.		ON	SIDENCE A FARM?
0 11445 00					1 ' '	y				
3. NAME OF DECEASED (Type or print)	Fi, Con		Middle I	Fle	etcher	4. DATE OF DEATH	September		6,	19 59
s sex Male	6. COLOR OR RACE White	7 MARR	ED DIVORCED DIVORCED		ember 31,	1893	9 AGE (In years last birthday) 05 yrs.	7.700	YEAR IF UND Doys Hours	
10a USUAL OCCUPATION of World USUAL OCCUPATION OF WORLD	ON (Give kind of work riking life, even if retired C1	done 10b.	KIND OF BUSINESS OR INC	USTRY 1	1. BIRTHPLACE (Stote Maryland	or foreign c	ountry)	12.CITIZ	EN OF WHAT	COUNTRY
13. FATHER'S NAME				14	MOTHER'S MAIDEN	MAME				
Lyman C	. Fletcher				Sarah	<0 E.	Fletche	er		
15. WAS DECEASEDEV	ER IN U. S. ARMED FOR (If yes, give wor or doles of a			INFORM	a H. Flet	cher (wife)	ress		-
Conditions, if a gove rise to couse (a) stoling lying couse lost. Part 11 OT Part 11 OT 200 ACCIDENT W OR CONTRIBUTING (IF EITHER, NOTIFY	AS UNDERLYING DE CAUSE OF DEATH	DITIONS C	SCHOOL OF TO DEATH BY SCHOOL WILLIAM OCCURRED 1206.	PLACE O	* INJURY (Home, fare	Port I or Por		EN IN PART	ONSET ANI	AUTOPSY ORMED?
20c. TIME OF INJU	19	While of world	UNU WITHUE	ractory, s	treet, office bldg., etc	:-)				
21. I certify it alive an Actual SIGNATURE	hat I attended the 15 Luct A. Herbert A	deceas , 195	ed fram (LUG 10	th accu	19 <u>57</u> , to irred at <u>5</u> 46 1835			d an the		
BURIAL CREMATIC	ON, 226 DATE THEREO)F	22c. NAME OF CEMETERY.	OR CREA	MATORY		TION (City, town, o		(Sto	yte)
23 FUNERAL DIRECTOR	R'S SIGNATURE	02	acheeskeer,)m	240. REC	D BY REGIST	4.44 -	STRAR'S SIGI	NATURE A Hanna	



may be retained by TO FUNERAL DI page 3 should the registrar priar to

VS A15 (4) 15M 10/57

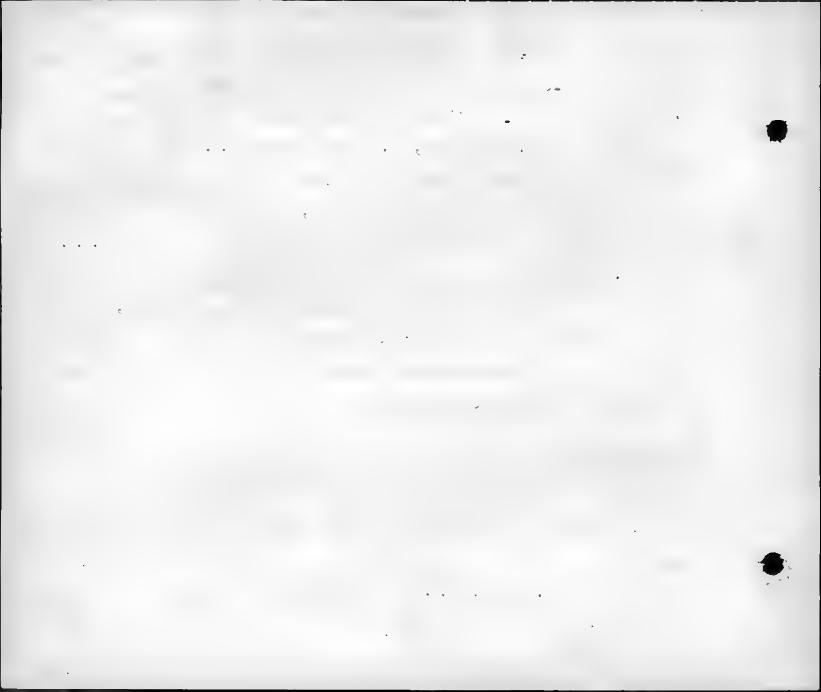
TO HOSPITAL OR

10385

10425 CERTIFICATE OF DEATH

Rea. Dist. No.

100													
	PLACE OF DEATH COUNTY			MAD	YLAND			re deceased in		on: Residence	before o	odmission)	
ŀ	Montgomer b city or fown (if	oulside corporate limi	ls, write	c. LENGTH OF STAT				Colum		URAL and au	o nancas	V (coun)	
	Bethesda	prest lown)		52 day			ngton		,	7 .		. 10.011	
ŀ	d NAME OF HOSPITA	AL (If not in hospital, g	ive street			d STREET				704		S RESIDENCE	
)		cal Center	. Bet	hesda lh.	Md.	1633	L Stre	et. N.	V.			on a farm? Es 🗍 no 📆	
Ę	NAME OF DECEASED	Fo		Middl		le		4. DATE	Mon	th	Day	Yeor	
	(Type or print)	Fl.or	rence	Orell	ia	For	ag	OF DEATH	Septe	mber	4.	19 59	
	5. SEX	6. COLOR OR RACE	7 MARR	IED 🔣 NEVER MARR	IED 🔲 8	DATE OF BIRT	ГН	9	AGE (in years ost_bythday)			UNDER 24 HRS	
	Female	White	WIDOWE			March 1		8	51 yrs.	Months D	loys H	ours M.n	
. 1	Guring most of working life, even if retired)											VHAT COUNTRY	
L	Secretary	·		Administr	ative		Alab	ama			U.S	-A-	
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME TO THE STATE OF THE STATE												
Ļ	David M. Gardiner Florence Stinson												
ľ	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17 INFORMANT The Medical Record Address [Ves. no or unknown] (If yes, give wor or dotes of service)												
F	No Unascertainable The Clinical Center, Bethesda 1 18 CAUSE OF DEATH [Enter only one course per fine for (o), (b), and (c)]												
						Bilato:	rol Ton				ONSET	AND DEATH	
	203x	H WAS CAUSED BY IMMEDIATE CAUSE (o		ecita sustante	HAR	DTT# (6)	LerT				2 0	18 A S	
1	Conditions, if on	DUE TO		r Respirat	own: I	Promet	073				22 1	nonths	
	gove rise to Im	mediale (I. Heserre	OTA 1	incui o i	OH				Z MOITULE		
	couse (a), stating the lying couse last.	in nucei-		tiple Myel	ema						15 1	nenths	
	Part II OTHI	ER SIGNIFICANT CON				NOT RELATED TO	O THE TERMIN	IAL DISEASE CO	ONDITION GIV	EN IN PART	(o) 19 V	WAS AUTOPSY	
	PART 11 OTHI			•							P	ERFORMED?	
	200 ACCIDENT WAS	UNDERLYING	206 DESC	RIBE HOW INJURY O	CCURRED	(Enter noture	of injury in Pe	ort For Port It	of item 18)				
		AEDICAL EXAMINER)											
	20c. TIME OF INJURY Hour o. m.	Month, Doy, Yes	x 20d iN While	JURY OCCURRED Not white	20e. PLA foct	CE OF INJURY	(Home, form,	20f (City or	lown)	(Co	unty)	(State)	
	Ş p. m	TH.		of work			3,,						
1	21. I certify the	it I attended the	decease	ed from July	14.	19.55	, to Sep	tember	4, 1959	,that I la	st saw	the deceased	
1	alive on Sept	ember 4	., 19	52,, and that	death	accurred at	1:45 /	M, fram II	ne causes a	nd an the	date :	stated abave	
			2 14		,			DORESS (Street				DATE SIGNED	
	SIGNATURE	varmo ;	, V	venin	N			cal Cer			9/4	/59	
	PHYSICIAN'S	HARLES E.	MENICE	L. M.D.		Nat	ional	Institu	tes of	Healt.	h	,	
=								Ll. Mar				- Alle	
	20 BURIAL CREMATION REMOVAL (Specify)	SEPTE	-59	BECKE	ETERY OR	AS/JIN	· · · · · · · · · · · · · · · · · · ·	20 LOCATION	GGS 1	RD)	HYDT	Dide V	
2	3. FUNERAL DIRECTOR'S		1	ADDRESS	10 1	. 6	24o REC'D	BY REGISTRAR		STRAR'S SIGN			
F	W.W.C.	recorded,	, Co	1400 C	in fac	271	DATE SE	L 0 23	-	nown d	/ Craille		



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

DATE

10388

e. IS RESIDENCE

ON A FARM?

YES NO K

Year

19

IF UNDER TYEAR IF UNDER 24 HRS.

Rours

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN

in bed

Found dead

WAS AUTOPSY PERFORMED? NO X

(State)

USA

Days

(County)

Inquiry [X], and find that

DATE SIGNED

(State)

59

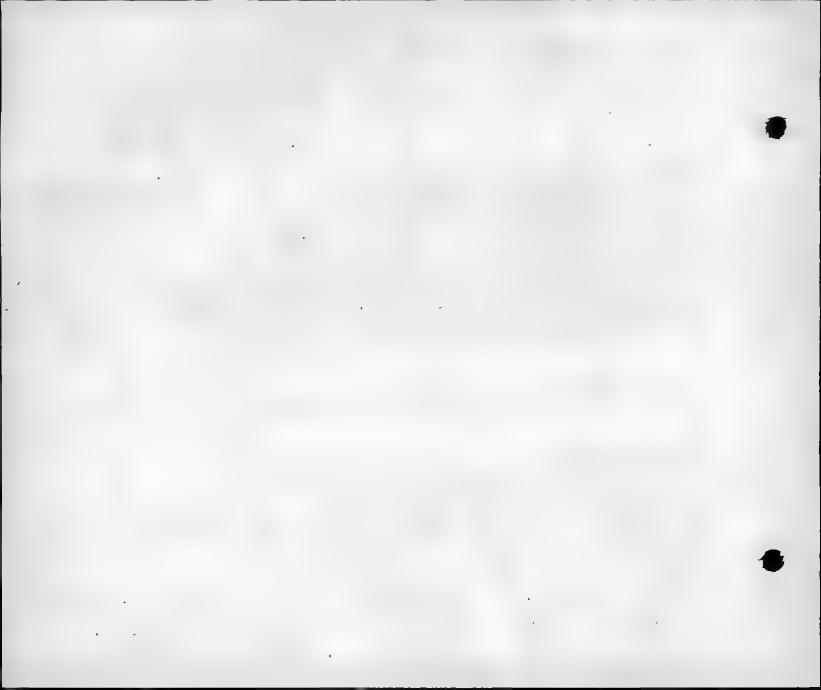
Min.

Reg. Dist. No.

Months

Montgomery

5M 9/55



ARYLAND	STATE DEPARTMENT	OF HEALTH-BA	ALTIMORE, 18

10427

M

CERTIFICATE OF DEATH

Reg. Dist. No. 10387

)	1.	PLACE OF DEATH o. COUNTY			MARYLA	NID	2. USUAL RESIDENCE (WI o. STATE		b. COUNTY		•		ion)
		b CITY OR TOWN (IF	OHETY outside corporate limit	s, write	c. LENGTH OF STAY IN	lb	c. CITY OR TOWN (IF			M ont.			1
			esda		17 hrs.		Rockvi	116					
, den		d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS						FARM?
		S	uburban				733 Ander	son Av	9.		i	YES	ио 🗵
	3.	NAME OF DECEASED	Fire		Middle		Lost	4. DATE OF DEATH	Moi	nih	Day		fear
		(Type or print)	Min		A		oster	DEATH	S	ept.	27		19 59
	\$.	SEX	6 COLOR OR RACE	7 MARI	RIED NEVER MARRIED		. DATE OF SIRTH		9 AGE (In years last birthday)	Months	Doys	Hours	R 24 HRS Min
		Female	White	WIDOW	ED DIVORCED		12/19/91	,	69 yrs	Mottria	Doys	nours	Mill
	100			lone 10b.	KIND OF BUSINESS OR I	INDUS1	RY 11 BIRTHPLACE (Stole			Ti2 CIT	ZEN OF	WHATC	OUNTRY?
		during most of work	ng life, even if retired)						,,,				
		Housewif	е				14. MOTHER'S MAIDEN F	ngi - 10 - 1			L	I.S.A	1
	13.	FATHER'S NAME											
		Samue	7 Lente				Minn	ie, Ad	elaide L	ent	Mat	news	3
	15.	WAS DECEASED EVER	THU S ARMED FOR	CES? 16.	SOCIAL SECURITY NO	lN	HUXMANI		Add	ress			
	ĻTO	NO (S	If yes, give war or dates of se	rvicit .			William	J. F	oster.	Gait	her	shui	rg. Vi d
-			IH [Enter only one co IH WAS CAUSED BY: IMMEDIATE CAUSE (c)	C.	ne for (o), (b), and (c).] erebral Thro:	mbo	sis				INTE	RVAL BE	DEATH
Led		332X	DUE TO										
Notifi		Conditions, if on		Art	terioclosis								
13		gove rise to in couse (o), stating t	mediate Dur 70										
Nc		lying couse lost) (c	Ann	ricular Tach	vca:	rdia; Conges	tive H	eart Fail	lure			
43	Z	PART IJ OTH	ER SIGNIFICANT CON				NOT RELATED TO THE TERM				T 1(o) 1	WAS A	AUTOPSY
lar	CATI												RMED?
Brochart	CERTIFICATION	200. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY I	S UNDERLYING () L) CAUSE OF DEATH MEDICAL EXAMINER)	20b DES	CRIBE HOW INJURY OCC	URRED.	(Enter nature of injury in	Port I or Port	l II of item 18.)				
Dr. E	MEDICAL	20c. TIME OF INJURY Hour a. m.	Manth, Doy, Yea	While	Not while	e. PLA	CE OF INJURY (Home, form ory, street, office bldg., etc.	, 20f. (City	or town)	(4	County)		(Stote)
-		21 I cartify the	at I attended the	deceas	ed fram Lens	72	6 , 19 <u>57</u> , ta	York 2	7 105%	that I lo	art con	the d	acaarad
		ative anfl	1 - 1	10 2			accurred at 5 40 A	AA Same	the seven se	, III a a a b	151 5UM	atetad	-L
		Unive unmg.za	WKSEX	_, Z_	, una mara	edili			rne causes ar reet, city or lown,		e date		e SIGNED
		ACTUAL SIGNATURE	ames W	! 4	gan	м	um \		1001, (11) (11 1041),	11010)			
1		/			7								
		PHYSICIAN'S / James (Type) James	ames W. Ega	<u>n /</u>	7720 Wi	sco	nsin Ave. Be	thesda	l				
	220	BURIAL, CREMATION	, 22b. DATE THEREO	E	22c. MAME OF CEMETE	KY OR	CREMATORY	22d LOEAT	ION (C,K) town,	or æbuniy)		(Stok	e) .
		REMOVAL IS PECIFY	9-29-0	19.	paropris	(T)	Her?	75	Ellist W	The state of	9	2	20
	23	EUNERAL DIRECTOR'S	SIGNATURE	1.	ADDRESS		/_ DAG DEC'	D BY REGIST	RAR 24b REGI	STRAR'S SI	GNATUR	E	- Kirk
	/	a sunt	Defe	and	Pille	with	DATE SE	4 4 4 15	_	illus A			

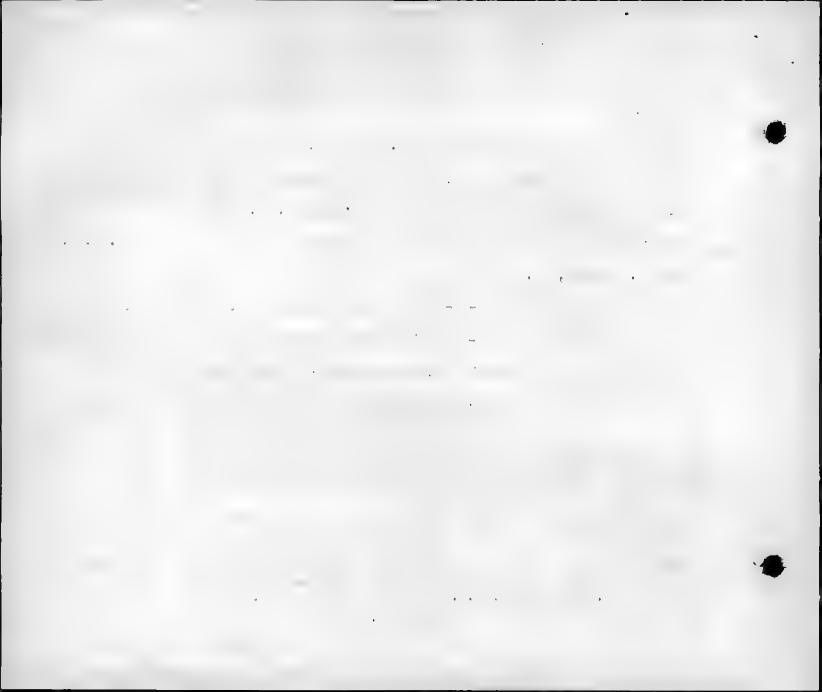


VS A15 (4) 15M 10/57 35

10388

Reg. Dist. No.

						The second secon	The second second second				
	PLACE OF DEATH D COUNTY				2. USUAL RESIDENCE (Where deceased lived If institution: Residence						
	Montg	omery		MAR	YLAND	o. STATE Virgin:	ia	b. COUNTY	Fair	fax	
	b. CITY OR TOWN (If a RURAL and give near	outside corporate fimi	ts, write	c LENGTH OF STAY	(IN 1b	c. CITY OR TOWN (If o	utside corpa	rote limits, write RU	RAL and gi	ve negrest l	lown)
	Bethesda			6 days		Falls Churc	ch		· × .	_	
	d NAME OF HOSPITAL	. (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					RESIDENCE N A FARM?
-	The Clinica	1 Center,	Betl	nesda lh, l	Md.	1932 Storm	Drive	1			NO I
	3. NAME OF DECEASED	For	st	Middle	h a	Last	4. DATE OF	Mont	h	Day	Year
	(Type or print)	Lar	ry	Edman		Freeman	DEATH	Septembe	er	12	19 59
	S. SEX	COLOR OR RACE	7. MARR	IED NEVER MARRI	IED 🛣	B DATE OF BIRTH		9. AGE (In years		~	NDER 24 HRS
	_Male	White	WIDOWI	tend .	- Completing	November 25,	1941	lost birthdoy)	Months [Doys Hou	ers M.n.
	10a USUAL OCCUPATION during most of working	(Give kind of work i	fone 10b.	KIND OF BUSINESS O	OR INDUS	TRY 11. BIRTHPLACE (Stole	or foreign co	ountry)	12 CITIZ	EN OF WI	HAT COUNTRY?
\	Meat Clerk	g c - c		Meat Market	ts	North Care	olina		τ	J. S.	A.
	13. FATHER'S NAME					14. MOTHER'S MAIDEN N	IAME				
	John C. Fre	eman. Sr.				Edith Barne	es				
	15, WAS DECEASED EVER II	N U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO), 17, 11	FORMANT The Med:		ecord Addre	288		
	No	yes, give wor or bores or to		39-64-4934		ne Clinical G				Mary1	and
	18. CAUSE OF DEATH	Enter only one co	use per lir	ne for (o), (b), and (c)	-]					INTERVAL	L BETWEEN
	PART I, DEATH	WAS CAUSED BY:	Po	st-operati	ve C	rdiac Failur	e			ONSES A	hours
	754.5	DUE TO									
	Conditions, if any,	which) (b)	To	tal Anomal	ous I	Pulmonary Ven	ous Re	ataum		Bix	eth
	gave rise to imm cause (a), stating the	nedrote									
	lying couse lost	(c)	Ata	rial_Senta	1 De	fect				Bir	eth
e.	PART II. OTHER					NOT RELATED TO THE TERMI	NAL DISEASE	CONDITION GIVE	N IN PART	1(o) 19. W/	AS AUTOPSY
2	PART II. OTHER										RFORMED?
	200 ACCIDENT WAS I	UNDERLYING []	20b. DESC	RIBE HOW INJURY O	CCURRED	(Enter noture of injury in P	ort I or Part	11 of item 18)		1.00	
	200 ACCIDENT WAS I OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH! EDICAL EXAMINER)									
	\$ 20c TIME OF INJURY	Month, Day, Yea	r 20d. IN	AJURY OCCURRED	20e. PL/	CE OF INJURY (Home, form,	20f. (City	or town)	(Co	ounty]	(Stote)
	20c TIME OF INJURY Hour o. m.	19	While at worl	Not white	foc	lory, street, office bldg., etc.			,00	,	(0.0.0)
		1 1 1			ombos	4 FO Se	j Nasanja s	12 50			
	21. I certify that	I affended the	decease	d from DODA	Elline1	c 6, 19 59, to Se	n centrie	E TE 16 27	,that I la	ist saw th	he deceased
	alive an Septe	mber 12	19	22, and that	death	accurred at 11:15				a date st	
	ACTUAL	- / /-	la.	. Aux				reet, city or town, st	ole)	0/1	DATE SIGNED
ï	SIGNATURE	- Bewill	and	700	→ ^	AD The Clinic				7/1	12/59
	PHYSICIAN'S	KENRU CAE	NEV	MD		National :			dealti	a	
		KENT CAF		M.D.		Bethesda .				******	
11	BURIAL, CREMATION, REMOVAL Desiry)	2 9/13/	-9	22c NAME OF CEN	ETERY OF	CREMATORY	228 LEICHT	ION (City, Iown, ot	County)		State)
	23. FUNERAL DIRECTOR'S, S	ICNATIVE	/	ADDRESS	no,	/	1/10	revoro,	11.	- •	
	The state of the s	TO THE PERSON OF	4-14-6	ADDRESS /3	71		SEP 15	PAR 246 RÉGIST	HAR'S SIGN	HATURE H Tilaua	l.
	1 111111	11 11111	MILL	Level 1. The	11/10	AND MATE					





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



Ir death. Page 4

TO HOSPITAL COLUMNING PHYSICIAN: The law requires that the death certificate be executed within 24 hours

may be retail TO FUNERAL D

VS A15 (4) 15M 9/58

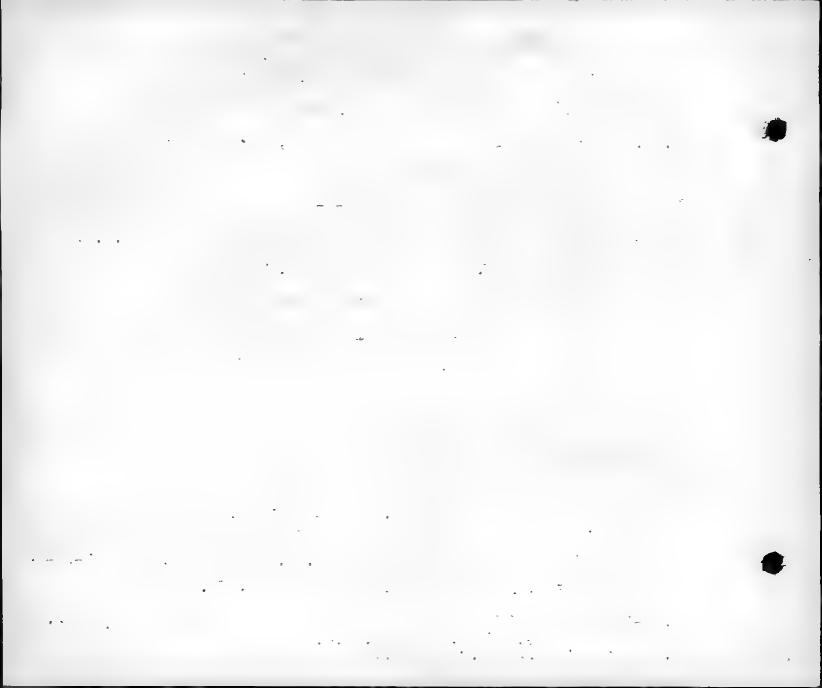
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH 10431

Reg Dist No 215

10391

	70301				Keg	, DIST, 140, E.J	-)
1. PLACE OF DEATH 6. COUNTY Montgomer	ır	MARYLAND	2 USUAL RESIDENCE (W g. STATE West Virg	1	If institution, Res	sidence before ad	mission)
	utside carporate limits, wr		c. CITY OR TOWN (IF		nits, write RURAL	ond give nearest t	lown)
Bethesda	(Rural)	4 days	Elkins		A. 3		
OR INSTITUTION	(If not in hospital, give st	_	d. STREET ADDRESS	_		0	RESIDENCE N A FARM?
U. S. Nav	<u>al Hospita</u>	.1	Box 183,	Parsons	Road	YES	ON D
3. NAME OF DECEASED (Type or print)	Charle	s Willard	GEYER	4. DATE OF DEATH	Month Septem	ber 12	Year 1959
	. color or race 7. A	MARRIED NEVER MARRIED DIVORCED DIVORCED	8 DATE OF BIRTH 6-8-14		E (in years IF UN birthday) Mon	ths Days Ho	
100 USUAL OCCUPATION	(Give kind of work dane	10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	or foreign country)	12	CITIZEN OF WH	AT COUNTRY?
State Eng		State	Wiscons			U.S.A.	
			14. MOTHER'S MAIDEN				
	illiam GEY		Mary A.	WOLF			
	NU S. ARMED FORCES?		nformant Ospital Rec	cords	Address		
Canditians, if ony, gave rise to imm couse (a), stating the lying cause last.	under- DUE TO (c)	leute o	tympkal	lie of	in Jal-	nu.	
PART II. OTHER PART II. OTHER	SIGNIFICANT CONDITIO	NS CONTRIBUT NG TO DEATH BJ	T NOT RELATED TO THE TERM	ninal disease con	D TION GIVEN IN	PE	REORMED?
	JNDERLYING 1 206 CAUSE OF DEATH DICAL EXAMINER)	DESCRIBE HOW INJURY OCCURRE	ED (Enter nature of injury in	Part I ar Port II of	item 18.)		
ZOc. TIME OF INJURY Hour o. m. p. m.	w		ACE OF INJURY (Home, fore scrary, street, affice bldg., etc		vn)	(County)	(State)
21. I certify that alive an Sept		eased fram Sept. 259, and that death	8 , 19.59, ta S		auses and an	the date sta	
PHYSICIAN'S W11	liam P. BA	KER, LT, MC,	USN Bethes	sda, Md.			
229 BUR AL CREMATION, SUPTAI - Ship		22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCATION (City, town, or cou	,,	State) rginia
23 FUNERAL DIRECTOR'S S	IGNATURE / Som -	Goulanders Wash	D . C . 24a. REC	D BY REGISTRAR	24b REGISTRAR		
.W.Chamber		00.ChapinST.,		FP 1 6 '59	Ortho	9.4	
				4 3			



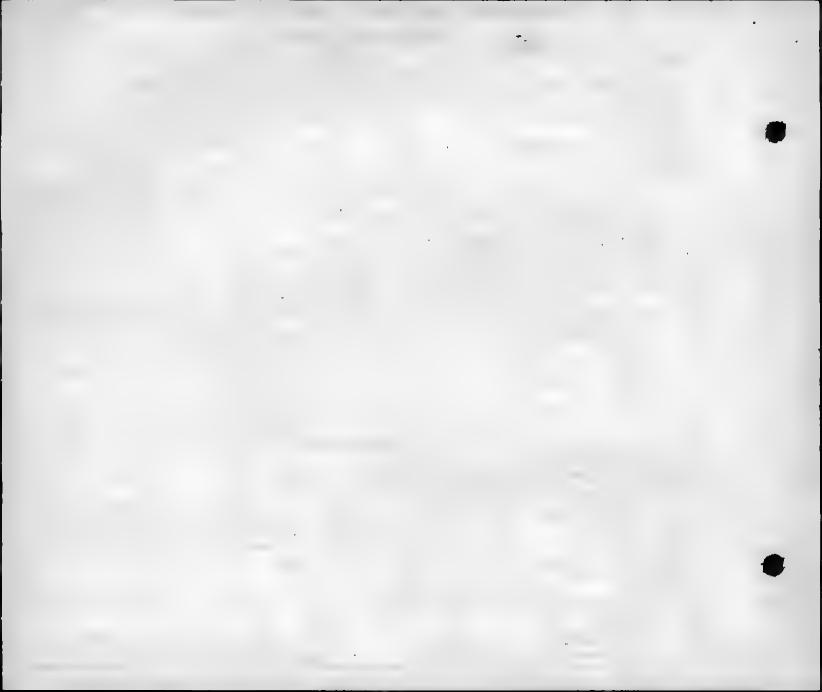
ADDRESS

E. Montgomery Rockville Md. 240, REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE

VS A1S (4) 15M 9/55 23. FUNERAL DIRECTOR'S SIGNATURE

death.



	10433 CERTIFICATE OF DEATH Reg. Dist. No.
1	PLACE OF DEATH a. COUNTY MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MARYLAND 2 USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE MARYLAND
	b CITY OR TOWN (If autside caporate limits, write RURAL and give marest town) C LENGTH OF STAY IN 16 c CITY OR TOWN (If outside carporate limits, write RURAL and give marest town) C RURAL and give nearest town
	d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION Suburban Hosp. 5-608 Pandolph Rd Yes NO.
3	NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF DECEASED (Type or print) 1974 6 13 1959
5.	SEX SEX 6. COLOR OR RACE (17 MARRIED NEVER MARRIED 8. DATE OF BIRTH FE Ma / E Lyh , FE WIDOWED DIVORCED Charg 2/1888 7/ yrs. Months Days Hours Min.
10	o. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Junior most of working life, even if retized). Gout Trazila Moryland - Cl. S. A.
13	John Scott Gilliss Range Harriet Ricketts
15	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH 2 Nous
	Conditions, if any, which (b) Proncery Herombyons 2 hours
	gave rise to immediate cause (a), stating the under- lying cause last (c) Colomory alstoriose laws (d) Colomory alstoriose laws (e)
CERTIFICATION	PART IF OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PREFORMED? YES NO
MEDICAL	20c. TIME OF INJURY Month Day, Year 20d, INJURY OCCURRED Haur a. m. p. m. 19 at wark at wark at wark 19 at wa
	21. I certify that I attended the deceased fram Sept 13 1957, ta 1957, that I last saw the deceased alive an Sept 13 1957, and that death accurred at 4:00 AM, from the causes and an the date stated above
	ACTUAL SIGNATURE GORGE H. Marin M.D. 8237 Georgia Ave Silver Grandly 9/14
	PHYSICIAN'S Aaron H. Traum 8237 Georgia Ave. Silver Spring, Mc
22	REMOVAL (Specify) Burial 9/16,59 22. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burial 9/16,59 Rockville Cemetery Rockville, Maryland
23	Robert A. Pumphrey Bethesda, Maryland Attess 15'59 Collar & Kous

TO HOSPITAL OR ATTENDING PHYSICIAN: the tarm required may be retormated in the haspital or attending physician.

TO FUNERAL I TOR: After this certificate has been signed by the attending physician and completely filled in bitter funeral director.

TO FUNERAL I TOR: After this certificate has been signed by the attending physician and completely filled in bitter funeral director.

To FUNERAL I TOR: After this certificate has been signed by the attending physician and completely filled in bitter director.

To FUNERAL I TOR: After this certificate has been signed by the attending physician and completely filled in bitter director.

The registrar prior to burial, cremation, ar remayol, and in any event with 72 haure after death



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18			
MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.			
PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)		
a. COUNTY MONTEOMERS MARYLAND	a. STATE mel. b. COUNTY months		
b. CITY OR TOWN (If outside corporal limits, write RURAL c. LENGTH OF STAY IN 16 and give neural town)	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)		
Silva Opening 1910	· Bushe spring		
d. NAME OF HOSPITAL OR INSTITUTION (Ilfnet in hospital, give street foldress),	d. STREET ADDRESS o. IS RESIDENCE ON A FARM? YES NO. M		
NAME OF DECEASED (Type or print) A C C C C C C C C C C C C C C C C C C	Lost 4. DATE Month Doy Year DEATH DEATH 2 19 59		
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.	DATE OF BIRTH 9. AGE (In yell) IF UNDER 1YEAR IF UNDER 24 HRS. Months Days Hours Min.		
Shoule with WIDOWED DIVORCED 1	2-31-/883 73 yrs. 12 CITIZEN OF WHAT COUNTRY?		
USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRIBUTION most of working life, even if retired)	11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY?		
3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
1. FATHER'S NAME			
5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address			
(a), no of or unknown) (1) (If yes, give war or dates of service) no	1. A. Glesson - Alex >-		
1B. CAUSE OF DEATH [Enter only one cause per line (ar (a), (b), and (c).]	ONSET AND DEATH		
PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) UCUL Congu	store heart desence sudden		
y ./ DUE TO	- 1-		
gave rise to immediate cause (a), stating the underlying DUE TO			
couse last. (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?		
YES N 20a. EXTERNAL CAUSE WAS PRIMARY Or CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
			Haur a.m. While Not while facto
p. m. 19 at wark at work			
21. I certify that I took charge of the remains described above, held an Autopsy, Inspection X, Inquiry X, and find that			
death resulted from: Natural causes X. Accident . Suicide . Hamicide . Undetermined cause .			
SIGNATURE FACULD BUTTERET M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED			
EXAMINER'S FLAOK J. Braschant	ASSISTANT MEDICAL EXAMINER D DEPUTY MEDICAL EXAMINER D 9-25-59		
20. BURIAL CREMATION, 1226. DATE THEREOF 122C. NAME OF CEMETERY OR			
Burial 9/29/59 Glenwood Cer			
3. SUMERAS DIRECTOR'S SIGNATURE 2901 14 TORESS t. N. W.	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE		
the of M. King Washington 9, D. C. DATESEP 28'59 Cultur & thomas			

Vs. A15ME(5) 5M 9/55

L

TO HOSPN. 4. The hospital or ottending physician.

To Hosph. 4. The hospital or ottending physician.

To Hosph. 4. The hospital or ottending physician.

OR: After this certificate has been signed by the ottending physician and completely filled in by funeral director.

Jetached for use as the burial-transit permit. Then please remove—carbon papers. Pages 1 and 2 snould be filled with the registrar prior for burial, or removal, and in any event within 72 hours after death.

deoth: Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10395

CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution Residence before admission) COUNTY MARYLAND つっす は いか とりとし CITY OR TOWN (if outside corporate limits, write BURAL and give nearest town). c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e IS RESIDENCE OR INSTITUTION ON A FARM? YES 🗍 NO 🖾 3. NAME OF Middle Year (Type or print) reen DEATH 193 9 AGE [In years' lost birthdoy] IF UNDER I YEAR IF UNDER 24 HR 5. SEX 6. COLOR OR RACE 7. MARRIED TA NEVER MARRIED B DATE OF BIRTH Months Days DIVORCED WIDOWED 17 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) during most of working life, even if retired) 12 CITIZEN OF WHAT COUNTRY? CLERK U.S.A. STORE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME GREENHOUSE OGUSH 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes. no. or unknown) [If yes, give war or dates of service] CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: OCCLUSION CORONA IMMEDIATE CAUSE (o) 5 MINI 400.1 DUE TO I HEROSCLEROSCS 2 404BS. CORONARIO Conditions, if any, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🔲 NO 🖾 FITTICK. 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) MEDICAL 20c. TIME OF INJURY Month. 20e PLACE OF INJURY (Home, form, | 20f. (City or town) Day, Year 20d. INJURY OCCURRED (State) (County) factory, street, office bldg., etc.) Hour a.m. While Nat while of work of work p. m. 1953, 10 SED 21. I certify that I attended the deceased fram. ., 19-52, that I last saw the deceased and that death accurred at SPM, from the causes and on the date stated above. ADDRESS (Street, city or town, slate) DATE SIGNED ACTUAL SIGNATURE

OBERTS NAME (Type) 220 BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY

REMOVAL (Spec fy) ELESAVETGRAD

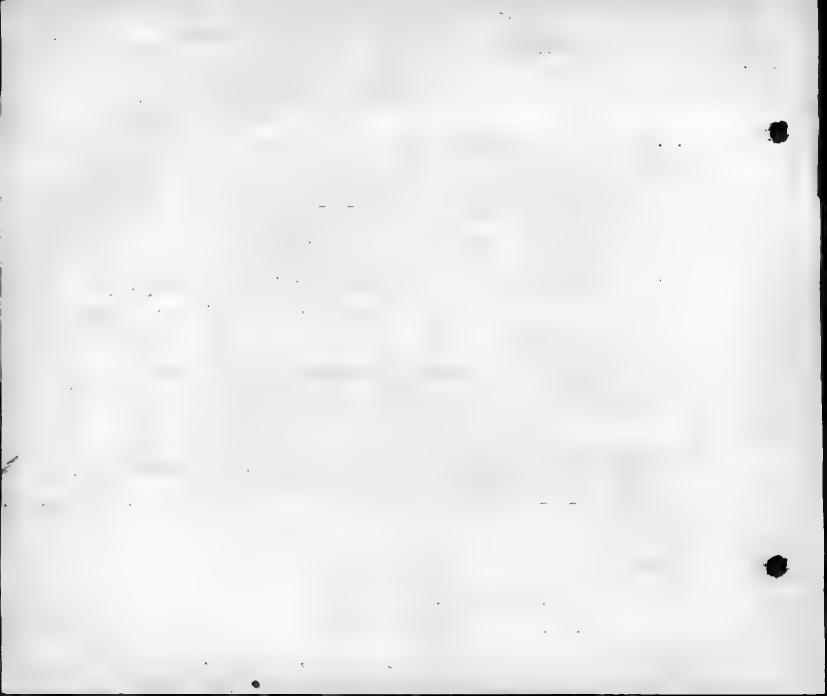
PHYSICIAN'S

22d LOCATION (City, town, or county) (Stote) CEIM. MASHINGTON

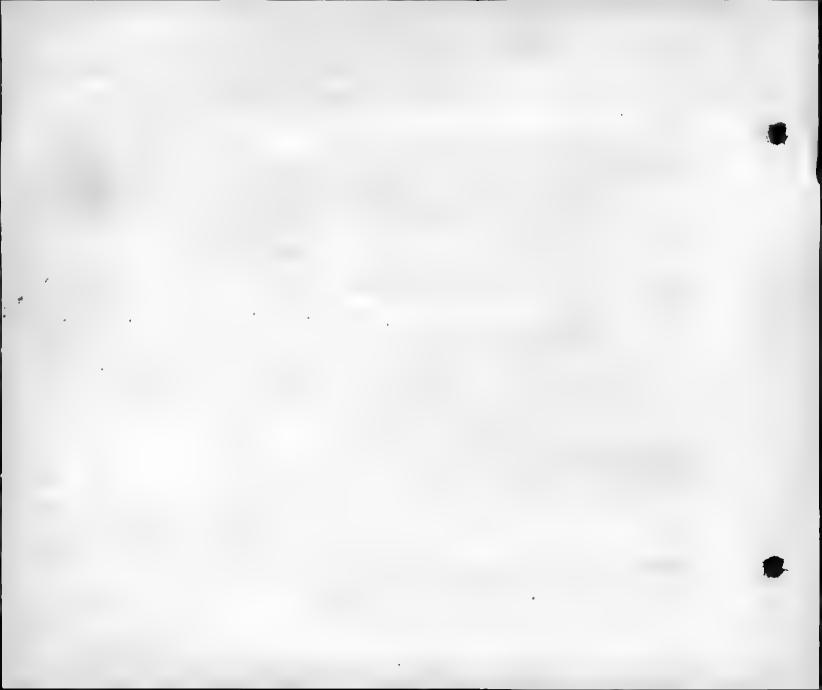
23. FUNERAL DIRECTOR'S SIGNATURE DANZANSKY + SONS - 35-01-14135

246. REC'D BY REGISTRAR'S SIGNATURE SEP 1 1 59 246 REGISTRAR'S SIGNATURE





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10436 **CERTIFICATE OF DEATH** Rea. Dist. No Poge , ed-with director 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) · COUNTY **b** COUNTY MARYLAND death. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) 2 should GERMANTOWN d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO K .5 3. NAME OF First 4 DATE Middle Year DECEASED OF DEATH (Type or print) 20 195 (-LCV 5 S. SEX 6. COLOR OR RACE 9 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED TNEVER MARRIED I B DATE OF BIRTH last birthdoy) Months Doys Wh, 7 7A L. 0 DIVORCED [camplet WIDOWED [7] papers. yes 10o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) and MCV STUPAN corbon ofter 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 16. SOCIAL SECURITY NO 17, INFORMANT Address CAUSE OF DEATH [Enter only one couse pay line for (o), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) 420.1 **DUE TO** Conditions, if ony, which gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO T 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20e. PLACE OF INJURY (Home, form, 20f (City or town) 20c TIME OF INJURY 20d. INJURY OCCURRED Day, Year (County) (Stole) factory, street, office bldg , etc.) Hour o. m. While Not while of work of work 1977 that I last saw the deceased 21. I certify that I attended the deceased from alive on 9 and that death occurred at I.M., from the causes and an the date stated above. ADDRESS (Street, cily or town, stote) DATE/SIGNED ACTUAL SIGNATUR **PHYSICIAN** ១៣០១ Kerr NAME (Type) FUNER! 220 BURIAL, CREMATION, 226. DATE THEREOF 22c/NAME OF CEMETERY OR CREMATORY 22d-LOCATION (GHY. (Stote) pode REMOVAL (Specify) 혼 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE VS A15 (4) 15M 10/57





20g. EXTERNAL CAUSE WAS PRIMARY OF CONTINUEUTING CAUSE OF DEATH.

p. m.

Month, Day, Year

226. DATE THEREOF

AZURA

9/17/59

death resulted from: Natural causes [7]

20c. TIME OF INJURY

ACTUAL

SIGNATURE

EXAMINER'S

NAME (Type) 220. BURIAL, CREMATION, REMOVAL (Specify) BURIAL

amour

Hour o. m.

CERTIFI

MEDICAL

~/	MAKILAND STATE DEPARTMENT OF HEALTH—BALTHMORE, TO	4000
X	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10393
8 1		g, Dist. No.
₹ <u>-</u>	2. USUAL RESIDENCE (Where deceased lived. If imitiation:	Residence before admission
8/ 19	o. COUNTY MONTO OMENS MARYLAND O. STATE AS 6. COUNTY A	Montame
[a] ([a])	b. CITY OR TOWN (If outside corporate limits, write RURA and give recreat form) c. CITY OR TOWN (If outside corporate limits, write RURA)	L and give nearest town)
3 \	Jahona Prh DOA Silver springs	
ř .	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS	e. IS RESIDE ON A FAI
prid	Wash. San. HAGATAL 1026 Quebec Ter	YES □ NO
ē	3 NAME OF First Middle Lest 4. DATE Month OF	Day Year
6 0 0 0	(Type or print) Poter. I. Hamsterd DEATH 9-	14 19.5
		NDER TYEAR IF UNDER 24
ž T	Mon DIVORCED	ths Days Hours Min
-		CITIZEN OF WHAT COU
E .	Teacher. Montgomery High School.	21.5.A .
0	13 FATHER'S NAME SEYMOUR , 14. MOTHER'S MAIDEN NAME	
8	AfrixXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	
50 • •	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) (If yes, give wor or dotes of service) 0.7.1 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70 0.0.70	2.1
Ĕ	100 (Pryor, give wor or dollar of services) 234 = 28 = 7068 African H. Haynste of +	70: 6.16.1
i.	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
6	PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) COLONIARY & CCLUSION	muld
2	14.40,1 DUE TO	
ē	Conditions, if ony, which) (b)	
2	gove rise to immediate couse ((o), stating the underlying DUE TO	
20	couse fost. (c)	
Š	PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART I(a) 19, WAS AUTO
6	I think I doe main from the search	YES T NO

20d. INJURY OCCURRED

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Not while

HOSCHZIX

GEO. WASH.

22c. NAME OF CEMETERY OR CREMATORY

CEMETERY

SPRING, MD.

While

20e. PLACE OF INJURY (Home, form,

factory, street, office bldg., etc.)

CHIEF MEDICAL EXAMINER

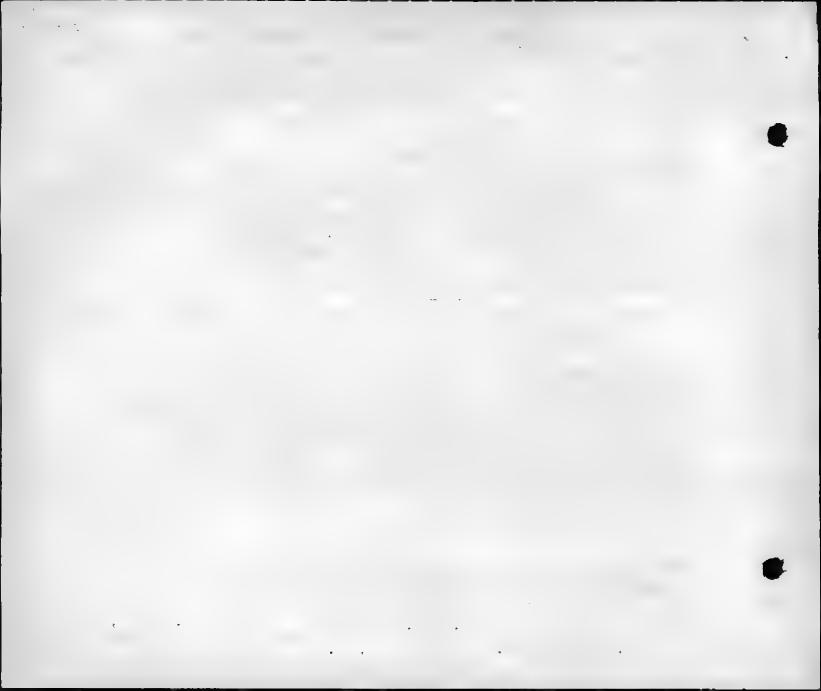
DEPUTY MEDICAL EXAMINER

19.5 IF UNDER TYEAR **JE UNDER 24 HRS.** Hours Days 12 CITIZEN OF WHAT COUNTRY? EN IN PART I(a) 19, WAS AUTOPSY PERFORMED? NO M YES 🗍 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port II of Item 18.) 20f. (City or town) (County) (Stote) 21. I certify that I taok charge af the remains described above, held an Autopsy . Inspection . Inquiry . Inquiry . Inquiry . Inquiry . Accident , Suicide , Homicide , Undetermined cause . DATE SIGNED ASSISTANT MEDICAL EXAMINER 72d LOCATION (City, town, or county)
PRINCE GEO. COUNTY, MARYLAND 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 1 8 '59 arthur & France

0399

 IS RESIDENCE
 ON A FARM? YES NO 🗷

VS. A15ME(5) 5M 9/55



VS A15 (4) 1SM 9/S8

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with		18	
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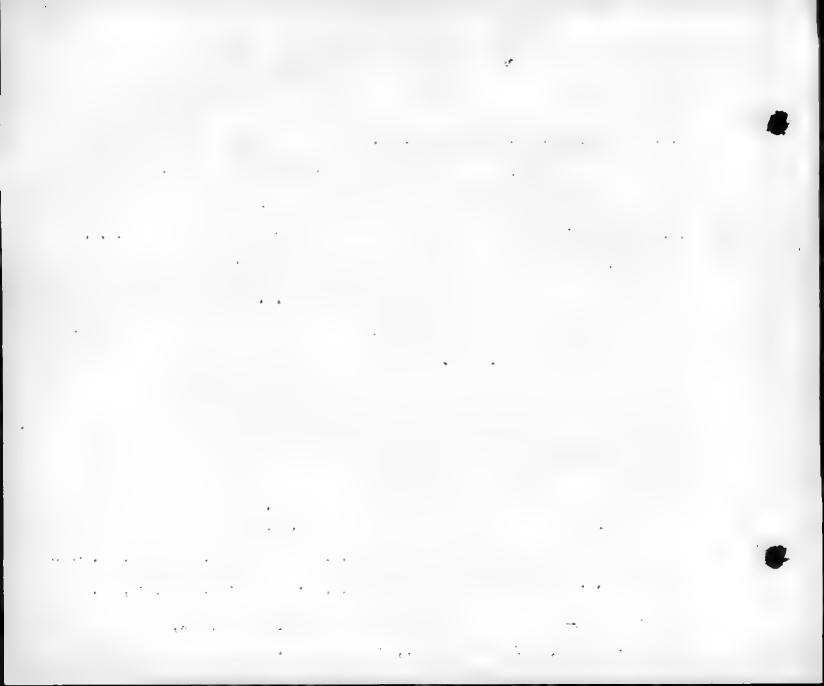
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10438 - CERTIFICATE OF DEATH

Rea. Dist. No.

10400

\vdash						Keg. Di	331. 140		
3.	PLACE OF DEATH OCUMENTY		MARYLAND	2. USUAL RESIDENCE (Who STATE Virginia		If institution, Resider COUNTY	nce before o	dmission)	
	b. CITY OR TOWN (II	Fautside carparate limits, write	c LENGTH OF STAY IN 16	c CITY OR TOWN (IF o	utside corporate lim	its, write RURAL and	give nearest	town)	
	RURAL and give ne Bethesda	(Rural)	95 hours	Marrifield		Y 8			
		AL (If not in haspital, give street		d STREET ADDRESS				S RESIDENCE ON A FARM?	
		l Hospita 1. Be	thesda 14. Md.	Box 285				ES NO X	
3	NAME OF DECEASED (Type or print)	First Edwl.n	(none)	Lost HANNA	4. DATE OF DEATH SE	Month eptember	Day 5	Yeor 19 59	
5	SEX		RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGI	(In years IF UNDER	R 1 YEAR IF I	UNDER 24 HRS	
	Male	Caucasian WIDOW			896 63	birthdoy} Months	Days He	ours Min.	
-	SUAL OCCUPATIO	N (Give kind of work done 10b	. KIND OF BUSINESS OR INDU			12 CIT	IZEN OF WH	HAT COUNTRY?	
lu		RET IRED		New York		Ų,	S.A.		
_~	FATHER'S NAME		-	14. MOTHER'S MAIDEN N	IAME				
	Arthur HA	NNA		Margaret D	ONOVAN				
15	WAS DECEASED EVER	R IN U. S. ARMED FORCES? 16	SOCIAL SECURITY NO	NFORMANT		Address			
Ľ	YES		230 42 1072 (Wi	fe) Selma E.	HANNA	(Same as	#2)		
	18. CAUSE OF DEA	TH [Enter only one cause per l	ine for (o), (b), and (c).]					AL BETWEEN AND DEATH	
	PART I, DEA	TH WAS CAUSED BY. C	ongestive Fail	ure				3 day a	
	2200	DUE TO							
	Canditions if a		rteriosclerotic	Heart Diseas	30		3 yr	ears	
ı	gove rise to in couse (a), stating t								
	lying couse tost.	(c)							
FICATION	PART II. OTH	IER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM!	NAL DISEASE CONI	DITION GIVEN IN PAI	RT 1(0) 19 V P YE	WAS AUTOPSY PERFORMED? ES NO D	
CERT FI	OR CONTRIBUTING	S UNDERLYING D 206 DES	SCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Port II of i	rem 18)			
₹	20c. TIME OF INJUR	Y Month, Day, Yeor 20d		ACE OF INJURY (Home form		'n) ((County)	(Stote)	
MEDICAL	Hour a.m.	While of wo	Nat while for	ctory, street, office bldg., etc.	.)				
*			sed from 4 Septemb	er 1959 to 5	eptember	1959 that I to	ast saw ii	he deceased	
	alive an 5 Se	ptember 19		accurred at 8:20A					
	1	10	La-1		ADDRESS (Street, ci		o dato st	DATE SIGNED	
ı	ACTUAL SIGNATURE	osesle C.	SWICKER	M.D. U.S. Naval H	lospital,	Bethesda,	Md. 9	5-59	
ı									
	PHYSIQIAN'S NAME YEAR	J.E. STITCHER L	CDR MC USN	U.S. Naval I	lospital,	Bethesda,	Md.		
27	o. BURIAL, CREMATION REMOVAL (Specify)		22c NAME OF CEMETERY O	R CREMATORY		City, town, or county)		(State)	
22	Burial FUNERAL DIRECTOR'S	9-9-59 S SIGNATURE () M.A. (2-)	Arlington Nat	ional Cemeter	y Arlingt	On BEGISTPAD'S C	IGNATURE	rginia	
7	VES Funera	("11111 -	ilson Blvd., Ar	lington We-S	FP 9 '59	Ostona 2	2 Hours		
14	ATM LAHRIOT	THOMES FOR! IF.	TTOOLS DYACE & UT	TTTE GOTT NUMBER		The same of the sa	THE A PARTICULAR		



Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY Maryland b. Montgomery MARYLAND Montgomery b. CITY OR TOWN (If outside corporate limits, write c, LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Bethesda lvr.2mos. Rethesda (Rural) A STREET ADDRESS IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? U. S. Naval Hospital Parkhill 9311 West Drive YES NO TX NAME OF 4. DATE Middle Month Day Year $^{11}S^{11}$ Burton HANSON.JR September 2 59 DEATH (Type or print) 19 AGE (In years lost birthdoy)
52 yrs 16. COLOR OR RACE 7. MARRIED A NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS S SEX B. DATE OF BIRTH Dovs Hours 6-1-07 Male Vaucasialvidowed □ DIVORCED [10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? U.S. Navy Michigan U.S.A. Mariner 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Burton S. HANSON Ruby May BARNES 7055 Hospital ARMED FORCES? 16 SOCIAL SECURITY NO Address Yes Records INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c)." ONSET AND DEATH PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) 163x DUE TO Conditions, if ony, which gave rise to immediate **DUE TO** couse (a), stating the underlying couse lost CARION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6)[19. WAS AUTOPSY PERFORMED? 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b, DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Part II of item 18.) MEDICAL 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour p. m. Not while of work of work 21. I certify that I attended the deceased from June to_Sept 2 1959that I last saw the deceased and that death accurred at 9 P.M. from the causes and an the date stated above. alive on Sept ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL Naval Hospital SIGNATURE JOHNSON, LCDR, MC, USN Bethesda, Maryland NAME (Type) BUR AL, CREMATION, 22d. LOCATION (City, lown, or county) 27h. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Slote) REMOVAL (Specify)
Burial Virginia Arlington National Arlington Success Wash. D. C. 24g, REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE Home. 3072 M St.NW W.W.Chmabers Funeral DATSEP arthur & House

director eg

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Ξ papers. campl and physician mave guipua ₻ gned ě 37 **burial-transit** has been certificate ь

certificate be

death

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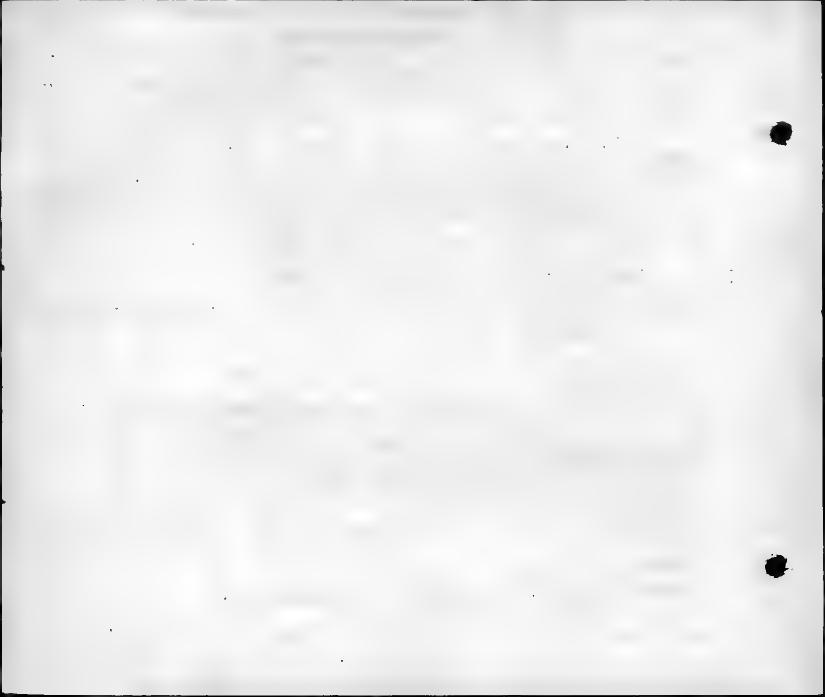
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VS A15 (4) 15M 9/55 . M

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1. PLACE (DF DEATH					2 USUAL RESID	DENCE (Wh	ere deceased			ce before ad	mission)
8. 200	Mon	tgomery		MAR	YLAND	St. 40	rvla	nd	b. COUNT		zomer	V
b. CITY	OR TOWN (If	outside carporate limi	ts, write	c LENGTH OF STAY	IN 16	e CITY OR T	OWN (If o	ulside corpor	ate limits, write			
Rura	_ ~ ~ ~	agettsvi	lle	5 vrs		X Ru	ral-	Clas	zettsvi	111e_		
d. NAM	E OF HOSPITA	AL (If nat in haspitol, ç	ive street	address)		, d. STREET A	DDRESS		,		e. IS	RESIDENCE N A FARM?
RF		. Mt. Air	ov.			RE	D #3	M±	Ai rest			П № 🔯
3. NAME	OF	Fi	et te	Middle		Last)	4. DATE	М	enth	Doy	Year
OFCEAS (Type of		Marga	aret	Mae	H	arrell		DEATH	9	ent.	19	1959
5. SEX		6. COLOR OR RACE	7. MARR	IED NEVER MARR		B. DATE OF BIRTH	1		9. AGE (In year last birthday)	IF UNDER		NDER 24 HRS.
Fen	ale	White	WIDOWI	DIVORCE	0	July	29.	1.885	74 7		Days Ho	urs Min.
10a. USUA	L OCCUPATIO	N (Give kind of wark ing life, even if retired	done 10b.	KIND OF BUSINESS	OR INDUS	TRY 11 BIRTHPL	ACE (State	or foreign co	untry)	12. CIT	ZEN OF W	HAT COUNTRY
GOTTING	None	ing lite, even it leilied	'	None			hing		D.C.		USA	
13. FATHER		4				14 MOTHER'S						
	Harr	ison S. H	larre	911		Mar	gare	t Net	ringer	1		
15. WAS D	ECEASED EVER	IN U. S ARMED FOR	CES? 16.		0 17 11	NFORMANT				Idress		
No	unknown) (it yes, give war as dates of s	arvice)	pm; 10-10	М	rs Rena	Bro	wn. N	1t. A11	v. Mo	٩.	
18. C	AUSE OF DEA	TH [Enter only one co	oute per lie	ne for (a), (b), and (c)	1 .			4	4 \		INTERVA	L BETWEEN
	PART I, DEATH WAS CAUSED BY A TO THE PART IN THE PART I DEATH WAS CAUSED BY A TO THE PART I DEATH											
	DUE TOOK											
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govi	gove rise to immediate											
	e (ø), stating (j cavse last.	he <u>under-</u>		-	- 1		U	- 1	V			U
Z -	PART II. OTH	ER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	IVEN IN PAR	[I(o) 19 W	AS AUTOPSY
CATION				•								RFORMED?
20o A	CCIDENT WA	S UNDERLYING []	20b. DES	CRIBE HOW INJURY	CCURRE). (Enter nature o	f injury in f	ort I or Port	11 of item 18)			
200 A OR CO	HER, NOTIFY	MEDICAL EXAMINER)										
	ME OF INJUR	f Month, Doy, Ye	ar 20d II	NJURY OCCURRED	20e. PL	ACE OF INJURY I	Home, farm	20f. (City	or town)	(0	County)	(Stole)
MED	Hour o.m.	19	White of wor	Not while	foc	tory, street, office	bldg., etc.	1				
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	Y	di i orrended rne	ueceas	A CONTRACTOR OF THE PARTY OF TH		occurred at		(i.e.) (i.e.)	1			
alive	on_ett	2000-130-5	1 / 12/2	1, ond 190	r dearn	occurred of			reet, (it) or tow		ue date s	DATE SIÉNES
ACTU/	AL .	d (V-	(Cn.	N.A.		10.		on a Le	2 M	,	4	14 5
SIGNA	ATURE	1775-977	1 7-			W D" " 1/ 755	N. V. V. G.	W. 2977	2-3-1-50			
PHYS	CIAN'S	James P.	Ker	772		Dam	00011	a Ma				
	AL, CREMATIO			22c. NAME OF CEA	ACTERY A		ascu		ION (City, town			E4-4-1
Bur	YAL (Specify)	0/21/50)	_	_						(a)	State)
	ANDIRECTOR"	SAIGNATURE A		Boones ADDRESS	por	<u>Cemet</u>		D BY REGIST	onesbo	GISTRAR'S SIG	GNATURE	
(1)	PASS. 0	Melin	inte	Damas	C119	Ma		D 2 2 '5		inthur A	1 -	





ADDRESS

Hyattsville, Md.

24b. REGISTRAR'S SIGNATURE

Cilling & Towne

24g REC'D BY REGISTRAR

DATE SFP 2 9 '59

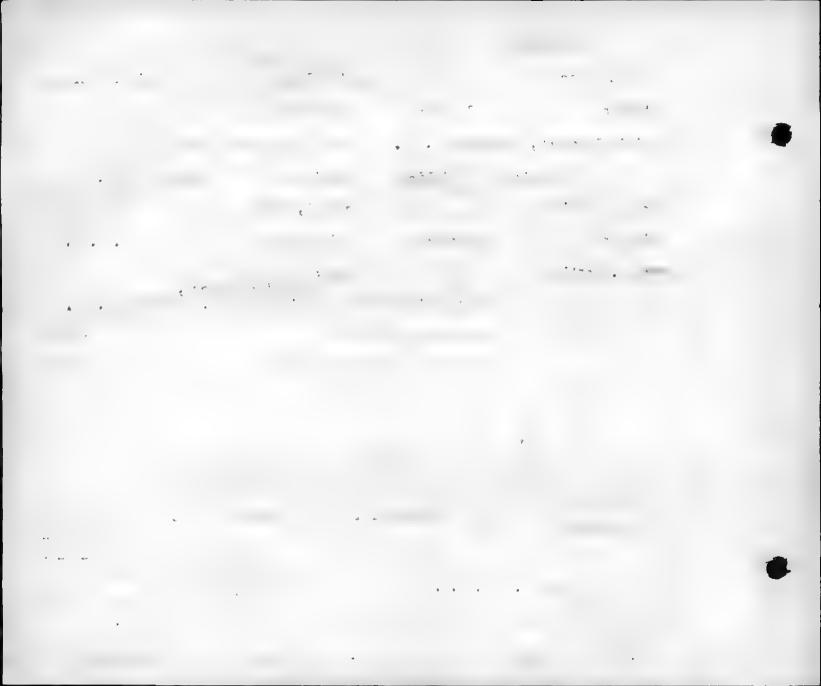
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VS A15 (4) 15M 9/58

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's ~

ons



10405

10773

CERTIFICATE OF DEATH

70330				Reg. Dist. No.
PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (W		ion: Residence before admission)
montgomen	MARYLAND	manylo	b. COUNTY	Montgomery
CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate limits, write l	RURAL and give nearest town
RAL one give negrest fown)		× Thery	Chase 15	
NAME OF HOSPITAL (If not in hospitol, give stree OR INSTITUTION	et oddress)	d STREET ADDRESS	1 1	e IS RESIDENCE ON A FARM?
ngton gardens Sani	tarium	3214 20	land Shut	YES NO.
CEASED The or print) The or print)	Middle	Last	4. DATE Moi	
Charles War	ses Hay	B DATE OF BIRTH	9. AGE (In years	IF UNDER 1 YEAR IF UNDER 24 HKS
	THE TENER MARKING	February	lost birthday)	Months Days Hours Min.
	WED DIVORCED	1893	104/40.	
. USUAL OCCUPATION (Give kind of work done 10 during most of working life, even if retired)	B. KIND OF BUSINESS OR INDU	SIKT II. BIKIMPLACE (State	or toreign country;	12. CITIZEN OF WHAT COUNTRYS
House wife		The Marines	Chowa	1 45a
THER'S NAME	. 11	14. MOTHER'S MAIDEN	NAME	
in perand W	alker	Char	e I may	en
nd or unknower) (If yes, give war or dates of service)		NFORMANT	,	dress
no	_no R	ecords at S	anitarium-K	ensington, Md.
. CAUSE OF DEATH [Enter only one cause per	line for (o) (b), and (c).]	1.4		INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Commune v	usialliane	cum a many	CALCULA ONSET AND DEATH
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ove rise to immediate	AC WOOD SC		S TOWN	Description of the second
couse (d), staring the <u>under-</u>				
PART II OTHER SIGNIFICANT CONDITIONS	CONTRIBITING TO DEATH BUT	NOT PELATED TO THE TERM	INAL D SEASE CONDITION C	VENT IN PART ICE 10 WAS AUTORSY
TAR II OTHER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	- CONTED TO THE TERM	ITAL D SEASE CONDITION G	PERFORMED?
1 neonbo	to of less	popul	an anter	YES NO X
OG ACCIDENT WAS UNDERLY NG [] 206 DI DR CONTRIBUT NG [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER)	escribe how tajury occuprei	v. (bujer natural of injury in	rort for Yort It of them 18)	,
20c TIME OF INJURY Month, Doy, Year 20d.	INJURY OCCURRED 20e PL	ACE OF INJURY (Home, form	1, 20f (City or town)	(County) (State)
Hour a.m. Whi		ctory, street, office bldg., etc	-)	
р. т.	2 2		9 5. 7	2
certify that I attended the decer				that I last saw the deceased
ive an 20 100, 19		accurred at		nd an the date stated above
11 1 1	4 9		ADDRESS (Street, city or town,	stole) DATE SIGNED
GNATURE HUNDEN WC	- Charles	M.D. 5029	Bullinda	ane 28 Ca
SICIAN'S IL . A C	10.00	0 4	1 1000	500
IME (Type) HELBELT /	JARTYN JR.	وغداليه	wdu Myd	**************************************
DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, fown,	or county) (State)
10/1/59		n Cremator	Prince Geo	rges County . Md
INERAL DIRECTOR'S SIGNATURE	ADDRESS WEST			ISTRAR'S SIGNATURE
te S.H. Hines Co 290	01 14th St.,N	.W. DATOC	1 1 59 Out	thun & Kronk
			1	

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours and death. Page 4 may be retained the hosp tall or attending physician.

TO FUNERAL DIL FOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, or remayol, and in any event within 72 llaurs offer-death.

VS A15 (4) 15M 9/58

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10444

CERTIFICATE OF DEAT

	10444	CERTIFICA	AIE OF DEATE		Re	g. Dist. No.	
I. PLACE OF DEATH o. COUNTY MO	ONTGOMERY	MARYLAND	2 USUAL RESIDENCE (WAS O STATE MARYL			esidence before MONTGOM	•
b. CITY OR TOWN (I RURAL and give no	If outside corporate limits, write porest town) ILVER SPRING	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF a	utside corporate lin	nits, write RURAL	ond give near	est lown)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospito), give stre 2124 Briggs-C		d STREET ADDRESS 2124 Brigg	g s-Chane y	Road	•	N. IS RESIDENCE ON A FARM? YES NOTE
3. NAME OF DECEASED (Type or print)	Sarah	Middle Ellen	Hayghe	4. DATE OF DEATH	Month Sept.	Doy 23	
5. SEX FEMALE	7 70 000 10100	ARRIED NEVER MARRIED D	8 DATE OF BRITH 6/14/84	9. AG losi		NDER 1 YEAR	IF UNDER 24 HRS, Hours Min.
100 USUAL OCCUPATIOn during most of work Homemaker	ON (Give kind of work done 10 king life, even if retired)	E KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stote Washingto			Z. CITIZEN OF	WHAT COUNTRY
13. FATHER'S NAME WILLIAM HI	ENRY ARNOLD		CATHER INE M		ELSON		
	R IN U. S. ARMED FORCES? (If yes, give wor or dates of service)		. William H.		Address 1909 Wood Liver Si		
200 ACCIDENT WA	the <u>under</u> DUE TO CO HER SIGNIFICANT CONDITION	S CONTRIBUTING TO DEATH BUT		NAL DISEASE CON		' '	WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY 20c TIME OF INJUR Hour o.m., p.m.	MEDICAL EXAMINER) Y Month, Day, Year 20d Whi		ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f (City or tov	vn)	(County)	(Stole)
21. I certify the alive on	at Lattended the dece		M.D. 800/1001	∰M, from the ADDRESS (Street, c	causes and	an the date	w the deceased e stated above DATE SIGNED
220. BURIAL, CREMATIO REMOVAL (Specify) BURIAL	9/25/59	20c. NAME OF CEMETERY O CONCRESSIONA		22d LOCATION (I WASHING T			(Stote)
23. FUNERAL DIRECTOR' WARNER E	S SIGNATURE PUMPHREY INC	ADDRESS SILVER SPRI		P 2 4 159	246 REGISTRAN	S SIGNATURE	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page of may be retained by the hospital or attending physician.

TO FUNERAL DESTON: After this certificate has been signed by the attending physician and completely filled in page 3 should be detached for use as the burial-transit permit. Then please remove carbon topers. Pages 1 and 2 mould be filled with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after depth.



1 🔞	MAKILAND STATE DEPARTMENT OF F	IEALIN-BALIIMOKE, 18
	10445 CERTIFICATE OF C	DEATH Reg. Dist. No.
Poge director	1PLACE OF DEATH o. COUNTY MARYLAND 2. USUAL RESI G. STATE	DENCE (Where deceased lived. If institution Residence before admission, b COUNTY
be at h	b. CTY OR TOWN (If autside corporate limits, write c LENGTH OF STAY IN 1b c. CITY OR RURAL and give nearest town)	TOWN (If autside carporate limits, write RURAL and give nearest tawn)
shauld	d. NAME OF HOSPITAL (If not an haspital, give street address) d. STREET A OR INSTITUTION	ADDRESS e. IS RESIDENCE ON A FARM?
19 P	Dubut bush XCa	24 Cellinbia RKKy. YES NO 12
illed in	3. NAME OF First Middle Lar Decay (Type or print) Martha First Heda	4. DATE Month Day Year OF DEATH 9 195
withir etely f	S SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B DATE OF BIRT	9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. last birthday) Months Days Hours Min.
campl		LACE (State or fareign country) 12 CITIZEN OF WHAT COUNTRY?
n and n and n arban	13. FATHER'S NAME 14. MOTHER'S	S MAIDEN NAME
physicia physicia pmaye of haurs	taul Ervin W.	Known 1 10
ng phys e remay 72 haur	15. WAS DECEASED EVER IN J S ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT (Yes, no. or uphnoym) (If yes, give wor or doles of service; 14.79 13.3053)	Hidas 3024 Columbia PKus
death rendi	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
the of hen part w	PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcine ma of breeze	of with mitaster 16 min
that by th t. TI y eve	Canditions, if any, which	
ires ned n an	gave rise to immediate (b) Couse (a), stating the under (DUE TO	AAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA AAAA
require signification of the s	lying cause last. (c)	
physical physical id-frontial-frontial	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	O THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
AN: Ti ending ficate h the bur or ren	200. ACCIDENT WAS UNDERLYING 200 DESCRIBE HOW INJURY OCCURRED (Enter nature of OR CONTRIBUTING 2012 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	of injury in Port I ar Part II af item 18.)
PHYSICI II ar ath his certif use as smatian,	20c. TIME OF INJURY Manth, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY OCCURRED While Not while foctory, street, affice at wark of work	(Hame, form, 20f. (City ar tawn) (County) (State) to bldg., etc.)
NG I spito fer th d far 1, cre	21. I certify that I attended the deceased from 780, 1955, 19.55	ta 35 1-6/9 195 7, that I last saw the deceased
the hooks Af	alive on 1257, and that death accurred at	ADDRESS (Street, city or town, state) DATE SIGNED
OR ATT	SONATOR - Folic her sly - M.D. ISC.	1 Eye it his wishington 61)
OSPITAL be retain JNERAL D INERAL D I 3 shauld registrar p	PHYSICIAN'S John C. Murphy)
HOY FUN	220 BUR A CREMATION, 22b DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY AMOVAL (Specify) 9-20-1939 GLENDALE MASS	DES MOINES LOUIA
5	23. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS Coul . No W.	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
VS A15 (4) 1SM 9/S8	to your or sono. washington C.C.	DATE SEP 23 '59 Quiling & Huma





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10446 **CERTIFICATE OF DEATH** Reg. Dist. No with director, PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed 6 COMMITY MARYLAND unerol b. CITY OR TOWN (If futside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and/give nearest town) RURAL The give rest of lown) ø d NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE d. STREET ADDRESS OR INSTITUTION ON A FARM? YES 🔲 NO 🛭 Ē NAME OF 4. DATE Middle Lost Month... Year DECEASED DÉATH (Type or print) 19 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. 6 COLOR OR RACE B. DATE OF, BIRTH MARRIED TO NEVER MARRIED TO last birthday) Months Days WIDOWED | DIVORCED [7] yrs ч COM 10a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11/BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? death. during most of working life, even if retired) ARV puo eactoon offer 13 FATHER'S NAME 14 MOTHER'S MAIDEN/NAME physicion 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT 2 5 O ij. 18 CAUSE OF DEATH | Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH Atelectasis PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) **DUE TO** 1 to do . in Conditions, if any, which gued gave rise to immediate DUE TO cause (a), stating the undernos been sig lying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 179, WAS AUTOPSY PERFORMED? YES NO I 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) MEDICAL 20c TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e PLACE OF INJURY (Home, form, 1 20f. (City or town) (Stote) (County) foctory, street, office bldg , etc.) Hour a.m. While Not while at work at work 1959, that I last saw the deceased 21. I certify that I attended the deceased fram. and that death accurred at 22 P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) SIGNATURE noy be retoring FUNERAL D PHYSICIAN'S 809 Viers Mill Rd., Rockvil'e, NAME (Type) Francis J. Troendle 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county). (Stole) REMOVAL (Specify) 9-29-59 Suburban Hospital Cremation Rethesda . Marvland 0 24b. REGISTRAR'S SIGNATURE 23 FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24n, REC'D BY REGISTRAR thesd oct Md8 '59 Suburban Hospital 8600 Old Georgetown oad, Be VS A15 (4) **1SM 9/SB** 2074202XU0



15M 9/55

DATESEP

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Orthur & Thomas



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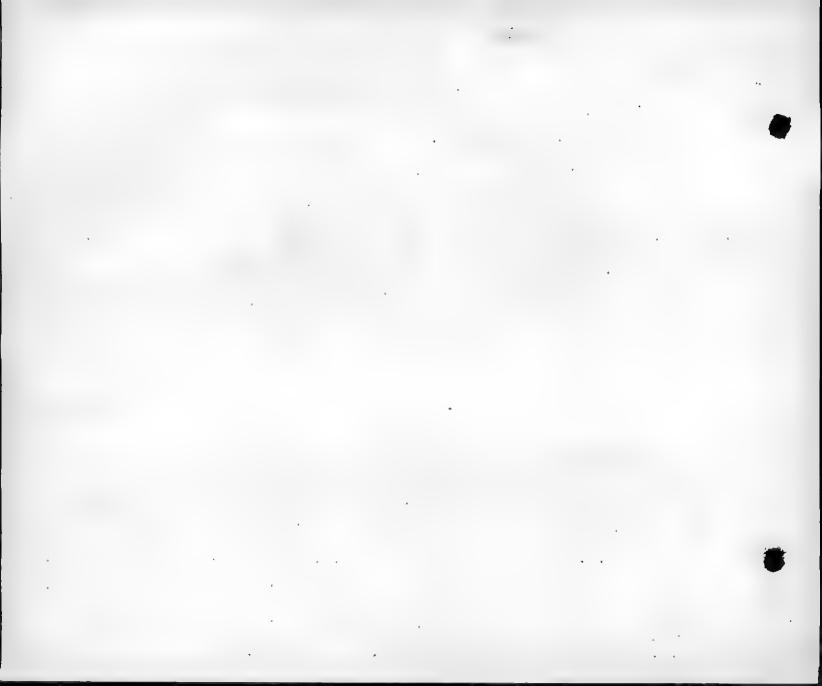
		70130	CERTIFICA	AIL OI DEAII		Re	eg. Dist. No.	
	1. PLACE OF DEATH a. COUNTY M	ONTGOMERY	MARYLAND	2 USUAL RESIDENCE (WI 0. STATE MARY)	AND	d. If institution: I	Residence before ONTGOME!	e admission) RY
1	b. CITY OR TOWN (II RURAL and give no	foutside corporate limits, write greet lowed STLVER SPRING	outside corporate li ER SPRING		L and give near	rest town)		
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in haspital, give street 0,005 GREELEY A	oddress)	d. STREET ADDRESS	REELEY AV	ENUE	6	ON A FARM?
	3. NAME OF DECEASED (Type or print)	Final SUSAN	Middle CLAIBORNE	HOLLAND	4. DATE OF DEATH	Month SEPT a	Day 26	
	5. SEX FEMALE	WHITE WIDOW		8. DATE OF BIRTH 11/22/80	78	it birthdoy) Mi	onths Days	Hours Min
	10a. USUAL OCCUPATIO during most of work Clerk(reti	N (Give kind of work done 10b. ing life, even if retired) red) Bureau of	KIND OF BUSINESS OR INDU	STRY II BIRTHPLACE (STOLE VIRGINIA	ar fareign country	,	12. CITIZEN OI	F WHAT COUNTRY
/	JOHN L. SM	ITHER		LEONORA				
		R IN U. S. ARMED FORCES? 16. If yes, give war ar dates of services	SOCIAL SECURITY NO. NONE	nformant es. Leonora He	gan, 701	2 Emerso		
		nmediate DUE TO	eneralized	2hron arterio-	bosi	osis	INTE	RVAL BETWEEN ET AND DEATH Taut
9	, ,	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	NAL DISEASE CON	IDITION GIVEN	IN PART I (a) 15	P. WAS AUTOPSY PERFORMED? YES NO
		CAUSE OF DEATH MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I or Part 11 of	item 18.}		
	20c. TIME OF INJURY Hour a. n. p. m.	f Month, Day, Year 20d. While of wor	Not while fo	ACE OF INJURY (Home, form ctory, street, affice bidg., etc		wa)	(County)	(Stole)
	21. I certify the alive an	at 1 attended the decease of 26, 12		19 40, to A accurred at 4.52.	PM, fram the	causes and	an the dat	DATE SIGNE
!	PHYSICIAN'S NAME (Typo)	ARTHUR	H. LEW.	15 Wa	shing	iton	6 Z	5
	220. BURIAL, CREMATION REMOVAL (Specify) BURIAL	9/29/59	FT LINCOLN		PRINCE	(City, town, or co GEO . COL		(State)
	23 FUNERAL DIRECTOR'S	PUMPHREY, INC.	ADDRESS SILVER SPRIM		D BY REGISTRAR EP 2 9 159		AR'S SIGNATUR	

by the hospital or ottending physician.

TOR: After this certificate has been signed by the oftending physician and completely filled in the funeral director, detached for use as the buriot-transit permit. Then please mnove carbon papers. Fige I and 2 should be filled with TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours ofter death. Page 4 the registror prior to buriol, cremotion, or removal, and in any event within 72 hours after death. TO FUNERAL P VS A15 (4) 15M 9/55



MARYLAND STATE. DEPARTMENT OF HEALTH-BALTIMORE, 18



VS A15 (4)

15M 10/57

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with	4 //

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10450 **CERTIFICATE OF DEATH**

Rea. Dist. No. 1. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) a COUNTY **b.** COUNTY MARYLAND TONTGOMER MONTGOMERY CITY OR TOWN (If outside corporate limits, write C. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carparate limits, write RURAL and give nearest town) RURAL and give nearest town) SILVER 5 PRIN 65 d NAME OF HOSPITAL (If not in hospital, give street address) d STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES | NO Z TOAL NAME OF Middle Year DECEASED (Type or print) DEATH 1059 5. SEX 6. COLOR OR RACE AGE (In years lost birthday) 7. MARRIED NEVER MARRIED 8 DATE OF BIRTH IF UNDER I YEAR IF UNDER 24 H Months. WIDOWED [DIVORCED [7] 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12 CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 4.5 A ARYLAND HOUSE WHEE 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT | (If yes, give wor or dates of service) 8674 PINEY BR. 18 CAUSE OF DEATH [Enter only one cause per/line for (a), (b), and (c)] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Nalys **DUE TO** Canditians, if any, which) (6) gave rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES | NO.TX 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month, 20s. PLACE OF INJURY (Home, form, 20f. (City or town) Year 20d. INJURY OCCURRED Day, (County) (State) factory, street, office bldg., etc.) Haur a. m. While Not while of work of wark p. m. 19.5%, that I last saw the deceased 21. I certify that I attended the deceased from M, from the causes and an the date stated above alive on and that death accurred at ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) 220. BURIAL, EREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) ADEN. ADDRESS washington 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATURE

level

DATE PED



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ARIBAND STATE DELARIMENT OF TRACTIT—DALIMORE, TO	ARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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10451 CERTIFICATE OF DEATH

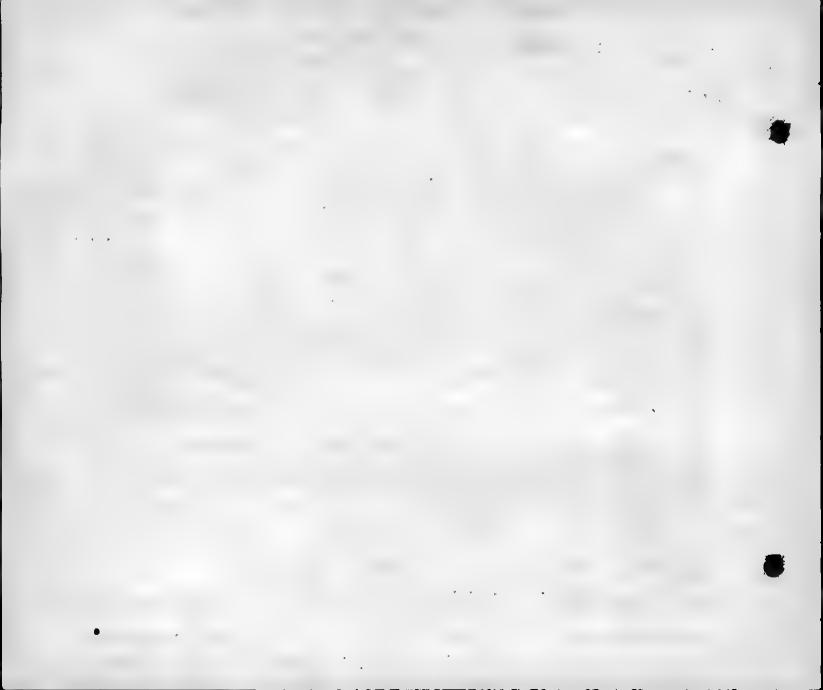
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Reg. Dist. No.

10104	108. 510. 110.
1. PLACE OF DEATH COUNTY MARYLAND MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Montgomery
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)
RURAL and give nearest town	Silver Springs
d. NAME OF HOSPITAL (If not in haspital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
1706 Dublin Drive	1706 Dublin Drive
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) Getty de E Howell	OF DEATH 9 15 1259
5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In yeors IF UNDER 1 YEAR IF UNDER 24 HRS lost birthday) Manths Doys Haurs Min.
Female White WIDOWED DIVORCED	April 2, 1876 83 m
10a. USUAL OCCUPATION (Give kind of wark done) 10b. KIND OF BUSINESS OR INDU- during most of warking life, even if retired)	ISTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
housewife Home	Washington D. C. U.S.A.
13. FATHER'S NAME	14 MOTHER'S MAIDEN NAME
?	?
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT Address
	arlton Howell 1706 Dublin Drive
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN, ONSET AND DEATH
PART I, DEATH WAS CAUSED BY. IMMEDIATE CAUSE (0) SOLUTIONAL	2 yells
DUE TO 11 1 A	
Canditians, if any, which) (b) Chelle	20 mp
gove rise to immediate cause (a), stating the under-	20 20 20 20 20 20 20 20 20 20 20 20 20 2
lying cause lost. (c) Up Autic CCC	or your Imman
PART 18. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY PERFORMED?
<u> </u>	YES NO NO
OR CONTRIBUTING ID CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	D (Enter nature of injury in Port I or Port It of item 18.)
	ACE OF INJURY (Hame, form, 20f (City or town) (County) (State) story, street, affice bldg, etc.)!
Hour a. m. White Not white to work at wark	knory, sween, onke blog , etc.)
21. I certify that I attended the deceased fram	1943 to 9/15 1959hat I last saw the deceased
alive on Selfer 15, 1959, and that death	1 - 13/1/2
do 1000 do 1	ADDRESS (Street, city or lown, state) DATE SIGNED
SIGNATURE CLAUS . WANTON	mo/831 Varmum St N.F.
	Dr A
PHYSICIAN'S PLANA SMadde	- N washingen P.
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY O	OR CREMATORY 22d LOCATION (City, lawn, or county) (State)
Burial 9/17/59 Rock Creek	Cemetery Washington D. C.
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 245. REGISTRAR'S SIGNATURE
Deal Funeral Home_ 4812 Ga. AV	e. N. WeatBEP 18 59 Cullun & Thank

VS A1S (4) 15M 10/57







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10417

		10454		CERTIFI	CAI	IE OF D	EATH	1			Reg. Di	st. No.		
1.	PLACE OF DEATH -	1		·	2	. USUAL RESIDE	NCE (Who	ere deceased			: Residen	ice befor	e admission)	
,	Mor	taomenu		MARYLAI	4D	o. sixii Ma	ryla	nd	- b C	OUNTY I	Mon	tgon	nery	
	CITY OR TOWN (IF RURAL ond give neo	outside corporate limi	ts, write	c LENGTH OF STAY IN	16	c CITY OR TO			rote limits	write RUI	RAL ond	діче пеа	rest lown)	
	Beth	esda					thes	da						
	OR INSTITUTION		ive street o	ddress)		d. STREET AD		. Loui C	two of			- 1	ON A FARA	الريجة
		KIN LEY St.		nesda, Mld.		5718 IV	CKI		tree				AE2 NO	
	NAME OF DECEASED	h Fir		Middle		Last		4. DATE OF DEATH		Month		Day		r o
5. !	(Type or print)	Laurence		D D		DATE OF BIRTH	75		Sep	teml		12	IF UNDER 24	59 HRS
	Male	White	WIDOWE	ED NEVER MARRIED DIVORCED [ine 13, 1	003		9. AGE (I lost bir 56	Indoy)	Menths	29	Hours M	
				- [-]						yrs.	12. CIT		WHAT COUN	TRY?
		ng life, even if retired 1 Economi		(IND OF BUSINESS OR I			Iowa	3			1	SA		
13.	FATHER'S NAME	I Economi	D L			14. MOTHER'S A						94F A. IA.		_
	Jack C. Je	ennings				Anna G		ine Jenni	ngs					
15.	WAS DECEASED EVER	IN U. S. ARMED FOR		OCIAL SECURITY NO	INF	ORMANT		0 011111		Addre	3.5			_
(Ye	No. or unknown) (II	f yes, give war or dates of s		nknown	Be	rtha W.	Jen	nings	-San	ne It	em #	†2		
		TH [Enter only one co	use per line	for (a), (b), and (c).]			-					INTE	RYAL BETWEE	N
	PART I, DEAT	H WAS CAUSED BY:	1	MYOCA	RI	DIAL		INE	ARC	-Tic	ON.	ONS	10 Mil	
	4 .	DUE TO			1 (1	h								
	Conditions, if on)											
	gove rise to im couse (o), stating t	> DUE TO												
	lying couse last.) (c)											
Į OE	PART II OTHI	er significant con	DITIONS CO	ONTRIBUTING TO DEATH	BUT NO	OT RELATED TO	THETERMI	NAL DISEASI	E CONDIT	ION GIVE	N IN PAR	RT 1(0) 1	PERFORMED)?
FICA	On ACCIDENT MAKE		TY O	NE	Innen	(F-)	1	and I am Band	4 11 of 'han	10 \			YES NO	
CERTIFICATION	20g ACCIDENT WAS OR CONTRIBUTING I (IF EITHER, NOTIFY A	□ CAUSE OF DEATH	206. DESC	RIBE HOW INJURY OCCI	JKKED ((Enter nature of	injury in r	on i or ron	[11 OF POIL	10.,				
	20c TIME OF INJURY		or 20d IN	JURY OCCURRED 20	e. PLACI	E OF INJURY (H	ome form	, 20f (City	or town)			County)	(5	lote)
WEDICAL	Hour o. m.	19	While	Not while		ry, street, office					,		1.0	
25	p m		ot work			10 59		9/10	١	- 59.				—
	21. I certify the	of I aftended the	decease	d fram		19.59		1 1					the deced	
	alive an	1 10 W	i lik	m /forwerl	eath a	9/10/99	X 5.80.	IM, fram ADDRESS (St	the cau treet city (ses and or town st	on the	e date	DATE SIG	ave.
	ACTUAL	Colwan	nui.	univalia	Z M.I		king	Bis 0	Pini		with	15	9/13	3/4
	SIGNATURE			1		U _1_NN_T	The state of	K. C. Cher	THE WAY	See Tugeth	12111			7
	PHYSICIAN'S EC	dward W.	Youn	gblood, M. I)				** ***					
220		N, 226. DATE THEREO)F	22c. NAME OF CEMETE				22d LOCAT	TION (City	, town, or	county)		(Stote)	
C:	remation"	9/14/19	59	Cedar Hill	l Cr	remator	у	Pri	nce (aryland	1
	FUNERAL DIRECTOR'S		D esti-	ADDRESS	10 -		24a. REC'[BY REGIST	RAR 24	b REGIST				
K	opert A. J	rumpnrey,	, beth	esda, Mary	ratic	A	DATE SE	EP 1 5 'S	73	Chi	thur L	The	A.A.	

may be retained the haspital or ottending physician.

O FUNERAL Describes the certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or remaval, and in ony event within 72 hours after cert. ATTINDING PEYSEIAN: The law requires that the death certificate Le executed within 14 haurs may be retain TO FUNERAL D VS A15 (4) 15M 9/5B

death. Page 4

To a



MEDICAL EXAMINER'S CERTIFICATE OF DEATH 8 cremotion Reg. Dist. No. pluods PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY e. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN IS outside corporate limits, write \$100. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neofest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) /d. STREET ADDRESS e, IS RESIDENCE ON A FARM? YES | NO [A NAME OF Middle DATE Doy Month Yeor DECEASED (Type or print) DEATH 1957 9. AGE (In years) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH FUNDER TYEAR IF UNDER 24 HRS. Months WIDOWED 3 DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11/ BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? dyring most of working life, even if retired) þ rametre 13. FATHER'S NAME 14. MOTHER'S'MAIDEN NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c), PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) **DUE TO** Conditions, if any, which] gove rise to immediate cause DUE TO (a), stating the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? NO T 200. EXTERNAL CAUSE WAS PRIMARY (SE) or CONTRIBUTING (20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Part II of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, | 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not white at work 🔲 of work 21. I certify that I took charge af the remains described above, held an Autopsy 🗍, Inspection 32, and find that Accident V, Suicide , Hamicide , death resulted fram: Natural causes 1. Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or county) NAME OF SEMFTERY OR CREMATORY (State) O Millynou 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(S) SM 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



20d. INJURY OCCURRED

of work of work

Not while

e. IS RESIDENCE ON A FARM? YES NO THE Year 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Hours 12 CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH

20c. TIME OF INJURY Month, Doy, Year

Hour o.m.

NAME [Type]

20e. PLACE OF INJURY (Hame, farm, 20f. (City or lown)

(State) (County) factory, street, office bldg., etc.)

, and that death occurred at 5pm _M, from the causes and an the date stated obove. olive an. ACTUAL SIGNATURE

21. I certify that, attended the deceased from.

While

GOG PERSHING DRIVE

ADDRESS (Street, city or town, stote)

22g BURIAL CREMATION, 226. DATE THEREOF & BURJAJ

22c NAME OF CEMETERY OR CREMATORY FOREST LAWN CEMETERY 22d LOCATION (City, fown, or county) BUFFALO, NEW YORK

(State)

That I last saw the deceased

PERFORMED? YES NO D

DATE SIGNED

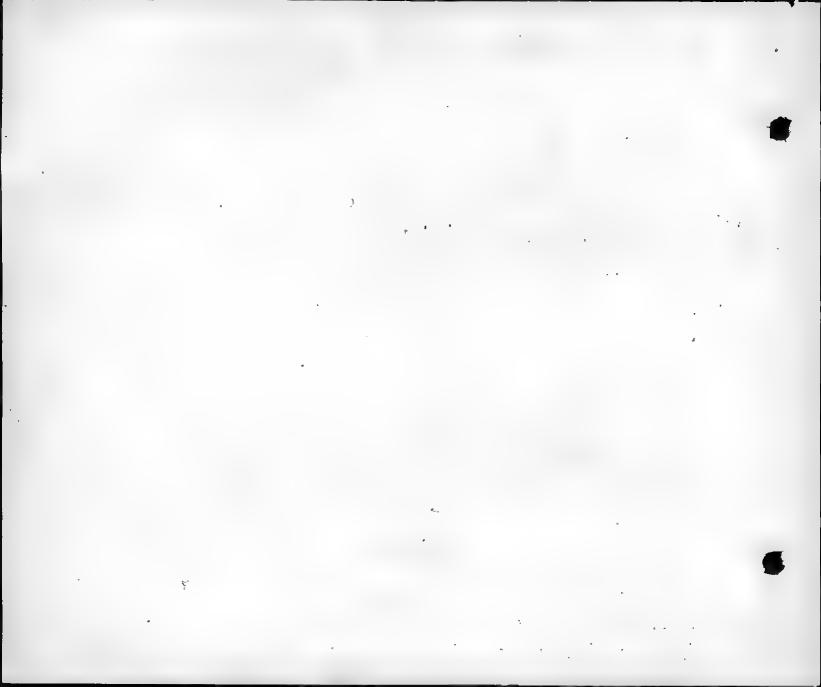
24g, REC'D BY REGISTRAR 8 '59 DATE SEP

24b, REGISTRAR'S SIGNATURE arthur & Kraus

may be retain O FUNERAL D 0 VS A1S (4) 1SM 9/SR

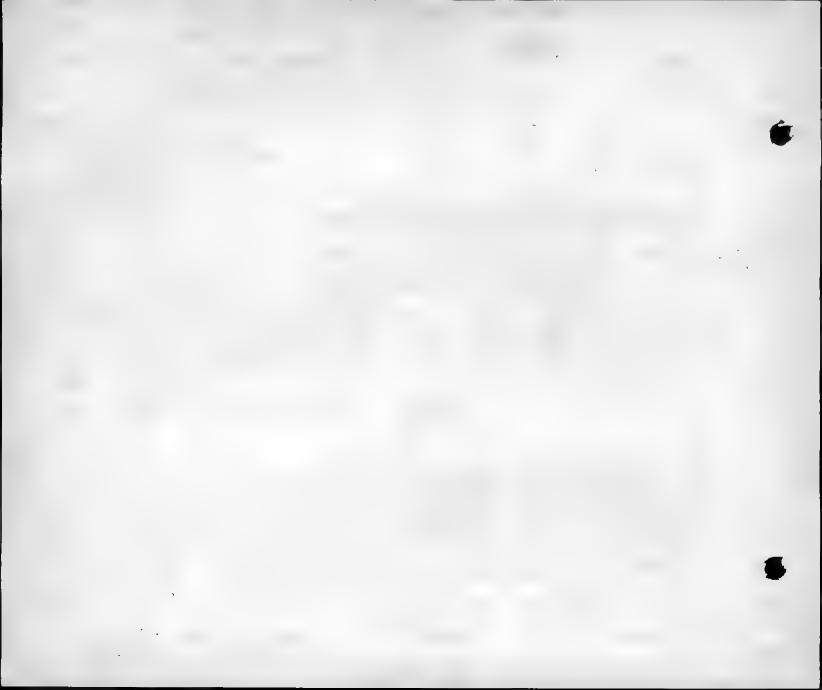
ä

registrar



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18





Friendship Meth

Damascus, Md.

ADDRESS

Damascus.

24b. REGISTRAR'S SIGNATURE

24g, REC'D BY REGISTRAR

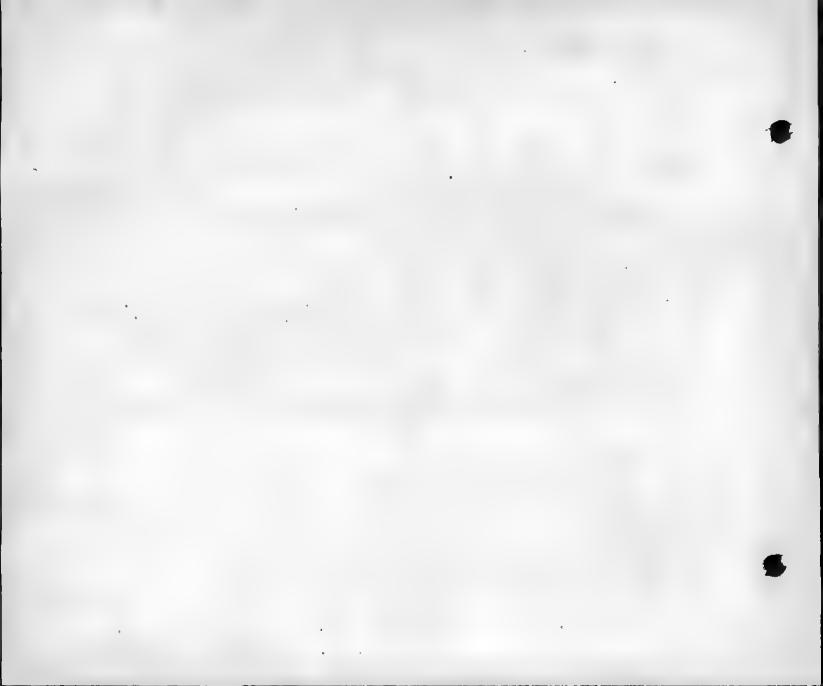
DATE SEP 2 9 '59

Oct.

23. FUNERAL\DIRECTOR'S SIGNATURE

P P P C VS. A15ME(5)
5M 9/55

MEDICAL





1 ~	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	10424
\$ 8 E M	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	IU444
c should be	ACE OF DEATH COUNTY MONTGORDTY MARYLAND 2. USUAL RESPENCE (Where deceased lived. If Institution: Residence of STATE Maryland b. COUNTY MONTGORDTY	
Page . burial,	CITY OR TOWN (If outside corporate limits, write RURAL and give recreat form) Gaithersburg Caithersburg	§ give nearest tawn)
y prior X	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) 6 Russell Ave 6 Russell Ave.	e. IS RESIDER ON A FAI YES . NO
any delay funeral di r yaur fill registrar	LAME OF First Middle Lost 4. DATE Month OF DEATH Sept 19,	Day Year 195 9 19
the the the	6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In year lost birthdoy) 82 yrs. Months	TYEAR IF UNDER 24 Days Hours Min.
d de		IZEN OF WHAT COUL
10,120	ATHER'S NAME Elbridge Kingsley 14. MOTHER'S MAIDEN NAME Fannie Sherwood	
rithin 24 hau Give Pages 13. Page 5 r 1. File page	AS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Clarice Griffith (daughter) Item	2
cuted with am 18. Gi form PM3. it permit.	P. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) COPONSTY OCCUSION	Sudden
ould be exc pencil in 19 plang with burial-trans	Conditions, if any, which (b) (b) (averise to immediate cause a), stoling the underlying DUE TO	
sertificate shau bending" in pe iar's Office ald ie used as a bu	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED
0,4,5,4	Da. EXTERNAL CAUSE WAS RIMARY OF ONTRIBUTING 206. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) AUSE OF DEATH.	YES NO
MINER: This go the ward 'edical Exam		unty) (St
EXAM writing lief Med	1. I certify that I taak charge of the remains described above, held an Autopsy [], Inspection [], Inquir leath resulted from: Natural causes [], Accident [], Suicide [], Hamicide [], Undetermined cause []	
MEDICAL Ch Ch Ch Ch Ch Ch Ch Ch Ch Ch Ch Ch Ch	ACTUAL FRANK J- Bronchart M.D. CHIEF MEDICAL EXAMINER	DOT TOO
UTY // Ne cer rded rded noval.	ASSISTANT MEDICAL EXAMINER AS	

22c. NAME OF CEMETERY OR CREM

ADDRESS

8	1	0	4	2	4	
Reg. Dis	ı. N	٥.				

ON A FARM?
YES NO

Hours Min.

IFUNDER TYEAR IF UNDER 24 HRS.

12. CITIZEN OF WHAT COUNTRY? USA

AOTHER'S MAIDEN NAME Parnie Sherwood	
AANT Address	
ice Griffith (daughter) Item	2
asion	ANTERVAL BETWEEN ONSET AND DEATH SUdden
LATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	1(a) 19 WAS AUTOPSY PERFORMED? YES NO
oture of injury in Port I or Port II of item 18.)	
INJURY (Home, form, 20f. (City or town) (Courset, office bldg., etc.)	nly) (State)
neld an Autopsy 🔲, Inspection 📆, Inquiry 🔲, Hamicide 🔲. Undetermined cause 🔲.	and find that
CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER	DITTENS
DEPUTY MEDICAL EXAMINER 🔀 9/19/59	
ATORY 22d. LOCATION (City, town, occounty)	(State)
246. REC'D BY REGISTRAR 246. REGISTRAR'S SIG	
hole	

VS. A15ME(S) 5M 9/55

NAME (Type)

RBMOVAL (Specify) 23 FUNDRAL DIRECTOR'S SIGNATURE

22a. BURIAL, CREMATION, 22b. DATE THEREOF



1	20	I	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
	人:		10461 CERTIFICATE OF DEATH Reg. Dist. N	10425
Fage . director	M M	1,	PLACE OF DEATH COUNTY 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence be state D.C. MARYLAND D.C.	fore admission)
death.	ld be fi		b. CITY OR TOWN (If outside corporate limits, write RURAL and give in RURAS) ond grays nearest form) C CITY OR TOWN (If outside corporate limits, write RURAL and give in RURAS) ond grays nearest form)	negrest town)
in offer	d 2 shou		d. NAME OF HOSPITAL (If not in hospital, give street address) OR MISTIPUTION HITA VISTA REST HOME 28/19/18/14 Albanes St. Washingan	e. IS RESIDENCE ON A FARM? YES NO
n 24 hou filled in	- 20 - 0	3.	(Type or print) DEXENICE EVA KIYBY DEATH DEPTEMBEN 1	Doy Yeor 7 19.5 7
of with!	rs. Pog		WIDOWED DIVORCED Sept 8, 1878 lost birthdoy) Months Days	
execute nd com	death.		housewife Colorado US	OF WHAT COUNTRY?
rtificote be e physician an	a carb	13	Ambrose Patter 14. MOTHER'S MAIDEN NAME EVA Gas pard	
certific		15	5. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17 INFORMANT 10 (If you, give war or dates of service) 521-28-2216 Mys. Genevier Angel 2819 R: Hank	Suggon, D.C
e deoth ottendi	n plean			STERVAL BETWEEN NSET AND DEATH
that the	uit. The		Conditions, If any, which) OF EMPRO/ 2 Rd Arterio Sclerasia	Zyear
require: on. n signed	sit pern ind in o		gove rise to immediate couse (a), stating the under- lying cause last. DUE TO	
he low physici nos beer	navol, a	CATION	PART 11. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)	19. WAS AUTOPSY PERFORMED? YES NO
IAN: 7 tending ficote t	the bu	CEPTIF		
PHYSIC of or of this cert	r use os	MFDICAL	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour a.m. 19 Ot work of work of work 19 Ot	ry) (Stote)
NDING e hospit : After	ched fo uriol, cr		21. I certify that I attended the deceased from May, 19.57, to 56, 17. 19.57, that I last alive an 560 th 11. 19.57, and that death occurred at 25.4 M, from the causes and an the d	
A TE	or to b		ACTUAL Phent Portael MD 55/(Nebro Starte)	DATE SIGNED
TAL O	should stror pr		PHYSICIAN'S Robert B. /fave/ Washington D	C ,
O HOS	page 3	۵	20. BURNAL: CREMATION, 22b. DATE THEREOF 22c NAME OF CEMETERY OF CREMATORY 22d LOCATION (City, town, or county) Premation 9/14/59 Ft. Lincoln Crematory Pr. Geo. Co. Mary	
VS A15 15M 9	5 (4) /55	-1-	The S.H. Hines Co., 2901 14th St.N.W., D.C. 240. REC'D BY REGISTRAR 246 REGISTRAR'S SIGNATE SEP 14 159 Could S. H.	



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FUNERAL

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VS A15 (4)

15M 9/58

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



10428 Reg. Dist. No.

1. PLACE OF DEATH g. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (WI		If institution: Resider COUNTY	ce before admission)
RURAL and give of Kensin	ton	c. LENGTH OF STAY IN 16	Washing to	•		give nearest town)
d. NAME OF HOSPI OR INSTITUTION Kensing to	7A (le coming de la coming de l	Avenue rsing Home	d. STREET ADDRESS 1409 Buch	nanan St	reet,N.W	e IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	JOSEPH First	Middle	LEAMAN	4. DATE OF DEATH	SEPT	20 19 S
5. SEX	6. COLOR OR RACE 7. MARI	RIED NEVER MARRIED DIVORCED DIVORCED	B DATE OF BIRTH Unknown	9. AGI	(In years IF UNDER	Days Hours Min.
100. USJAL OCCUPATI during most of wor Retired	ON (Give kind of work done 10b. king life, even if retired) Builder	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (SIGNO MARY	or foreign country)	12. Ctr	SA.
13. FATHER'S NAME	E, LEAM	AN.	H MOTHER'S MAIDEN I	DA (SLOYD	h
15 WAS DECEASED EV (Yes, ha, or unknown)	ER IN U. S. ARMED FORCES? [16. [1f yes, give war or dates of service]	SOCIAL SECURITY NO.	Records at	Nursing	Address Home-Kei	nsington,M
	ATH [Enter only one cause per li ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	and the second second	VEESTION	OF H	TART	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if a gave rise to couse (o), staling lying couse lost	immediate DUE TO	OTERIOSCLER	EOTIC HEI	ART D	isease	10 YEAR
20a. ACCIDENT W	HER SIGNIFICANT CONDITIONS AS UNDERLYING G CAUSE OF DEATH MEDICAL EXAMINER	CONTRIBUTING TO DEATH BU ARTERIA CRIBE HOW INJURY OCCURRI	SCLERO:	5/5		T 1(a) 19. WAS AUTOPS PERFORMED? YES NO
20c. TIME OF INJU Hour o. m.	While	(-	ACE OF INJURY (Home, farm ctory, street, office bldg., etc		rn) (County) (Stat
	Rauss San			M, fram the condition of the condition o	auses and an th	ast saw the decease date stated abov
PHYSICIAN'S NAME (Type)	ROBERT S.	POOLE				
220. BURIAL, CREMATIC REMOVAL (Specify Burial		Rock Creek		Washin	City, town, ar county)	(Stote)
23. FUNERAL DIRECTOR	OI.	ADDRESS Wash		D BY REGISTRAR	246 REGISTRAR'S SI	GNATURE

ter death. Page 4 ATTENDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hour

may be retained by the haspital or attending physician.

SEUNERAL TOR: After this certificate has been signed by the attending physician ond completely fitled in by 'the funeral director, page 3 should be detached for use as the burial-transit permit. Then piease remove comban papers. Pages 1 and 2 should be filed with page 3 should be detached far use as the burial-transit permit. Then please remove campon pap the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours aftlepdeath

may be reta TO HOSPITAL VS A15 (4) 15M 9/5B



TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 7.2 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

HSTRUCTIONS

TO ATTENDIA

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10429

10358 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED
COUNTY MAINTENLAND MARYLAND	STATE MARY GOAD COUNTY MONTADWARY
CITY (If outside corporate limits, write RURAL LENGTH OF STAY	CITY (If outside corporate limits, write RURAL end give nearest tov(n)
OR end give neerest town) TOWN Take Own David (in this piece)	Takoma Park,
HOSPITAL OR A	, STREET ("I rurel give location)
STREET ADDRESS 517-AIDANY AVE.	ADDRESS 517- Albany Ave.
3. NAME OF (First) (Midde) DECEASED	(Lest) 4. DATE (Mohlh) (Dey) (Yeer)
(Type or Print) LVCY RESECCA L	EECH DEATH SEPT. 30, 19 59
5. SEX 6. COLOR OR 7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) WIDOW 1	F BIRTH 9. AGE lest birthdey IF UNDER 1 YEAR IF UNDER 24 HRS. Months Doys Hours Min.
10. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS	11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
done during most of working life, even if refired HOUSENITE	Washington, D.C. DisA.
13. FATHER'S NAME	14. MOTHER'S MADEN NAME
Ephriam Carlos Merriam	Helen wirt White
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (Yes, no, or unk.) (If Yes, give war or dates of service)	17. INFORMANT & ADDRESS NEDLEW
NO	- I'm PHAILS - SCHENECISELY N. 1.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH
450.0 IMMEDIATE CAUSE (A) Congesti	in Heart Failure I day
ANTECEDENT CAUSE(S) DUE TO CASE TO	Delerveer Judhet
DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING INSTELLYING CAUSE LAST DUE TO	
STATING UNDERLYING CAUSE LAST, DUE TO	
11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES NO
21e. ACCIDENT WAS UNDERLYING 21b. PLACE (Home, farm, factory, OR CONTRIBUTING 2 CAUSE OF DEATH OF INJURY street, office bidg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)	Ic. WHERE DID INJURY OCCUR? (City or town) (County) (State)
21d. TIME OF INJURY (Month) (Day) (Yoar) (Hour) 21e. INJURY OCCURRED While Not while	RIF. HOW DID INJURY OCCUR?
M, et work at work	
22. I hereby certify that I attended the deceased from	19 J. S., toward J. S., 19 J. S., that I last saw the deceased
alive on 31.30, 19.2, and that death occurred at.	
SIGNATURE	ADDRESS (Street, city, town, stete) DATE SIGNED
M.O. (1)	11:01.24 MW, Wesh, 12 4/361
23. BURIAL, CREMATION, DATE THEREOF NAME OF CEMETERY OR (
BURIAL 10/5/1959 ARLINGTON NA	
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
DATE OCT 5 2 59 chilles In thous	morting by Hypong 60 Wash, VE





MEDICAL

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



e. IS RESIDENCE

Hours

INTERVAL BETWEEN

ONSET AND DEATH

WAS AUTOPSY

(State)

DATE SIGNED

PERFORMED? YES 😭 NO 🗍

IMIN

Davs

U.S.A.

ON A FARM?

YES NO 1

Year

19 59

Pub offe physicion 72 on. attendin baub has been prior noy be retain.
FUNERAL DIR shauld page 0

director

Proj

8

ø

SIGNATURE PHYSICIAN'S NAME (Type) R. G. MUTH, LT, MC.

220 SURIAL, CREMATION, 22b. DATE THEREOF

Burial-Shipment 9-14

23. FUNERAL DIRECTOR'S SIGNATURE

21. I certify that I attended the deceased from Sept. 2

Snowden Funeral Home, Rockville, Md.

Hour o.m.

ACTUAL

alive on Sept.

USN 22c NAME OF CEMETERY OR CREMATORY

PHODRESS

Not while at work at work

Bethesda 14, Maryland

and that death accurred at 2:05 M. fram the causes and an the date stated above.

U. S. Naval Heepital

ADDRESS (Street, city or town state)

factory, street, affice bidg, etc.)

22d. LOCATION (City, town, or county) Montezuma

Georgia

(State)

24a, REC'D BY REGISTRAR DATE SEP 1 6 '59

24b. REGISTRAR'S SIGNATURE Colling & Krops

(County)

Sept. 11, 159, that I last saw the deceased

VE A1S (4) 15M 9/SB



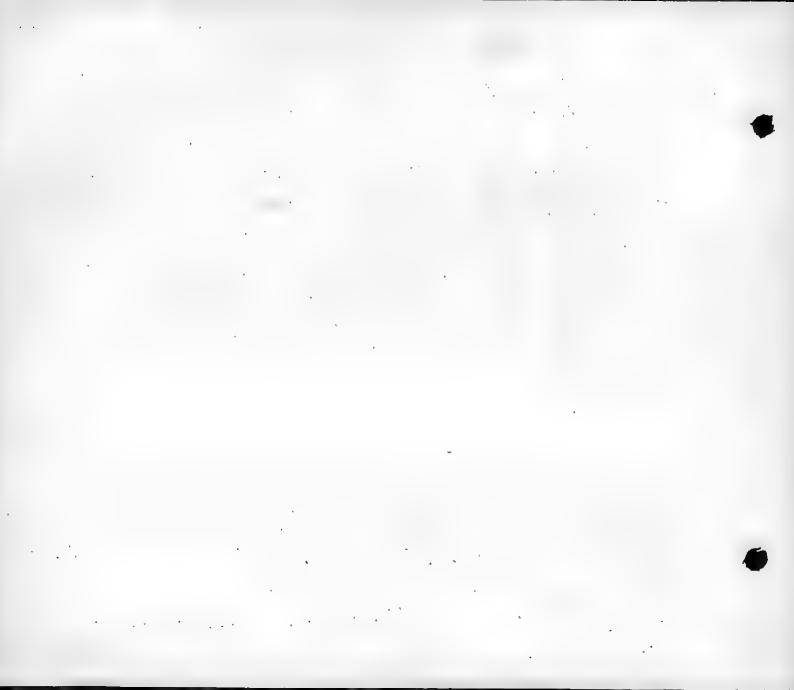
1	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 // 10433
· H	MEDICAL EXAMINER'S CERTIFICATE OF DEATH
	Reg. Dist. No.
	2. USUAL RESIDENCE (Where deceosed lived. If institutions Residence before admission)
1	MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND MARYLAND
A.S	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Bethesda hall- Keckuille
2.1	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospitol, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
711	Subuiban Boute # Travillah Rd VES NO NO
	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year
	(Type or print) + a gay Sue Like DEATH 9 20 1959
	5. SEX 6. COLOR OR BYCE A MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In yours last birthday)
	WIDOWED DIVORCED 1-18-54 WIDOWED Days Hours Min.
_	10s. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 172. CITIZEN OF WHAT COUNTRY during most of working life, even if retired)
*	- Maryland 16.2.
	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
	Frank Liket Williams
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Rockuille 1965 of services
	no more Elipora 16:11 14 mis 13+ #1/ Iravillah Roda
	18. CAUSE OF DEATH [Enter only one cause per line fac.(a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (0) Delich and Conflict for the first and the survival of the first for ?
	7/7.0 DUE TO 0
ь	Conditions, if only, which) (b) ALZMITER
	gove rise to immediate cause
	(a), stoling the underlying (c) first - July Bul deeper hum. 3 (35%) 5dery)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19 WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 119 WAS AUTOPSY PERFORMED? PERFORMED? YES NO
	PRIMARY B or CONTRIBUTING Child duly duly de 1 from 10 1
	3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED / 20s. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Store)
	Hour o. m. 9-15 1954 of work of work of work of work of work
	21. I certify that I took charge of the remains described above, held an Autopsy (2). Inspection (1), Inquiry (1) and find that
	deoth resulted from: Natural causes, Accident, Suicide, Hamicide, Undetermined cause
	SIGNATURE TINGLES OF BOOL FLOW M.D. CHIEF MEDICAL EXAMINER [] DATE SIGNED
	ASSISTANT MEDICAL EXAMINER
	EXAMINER'S Frank J. Broschart DEPUTY MEDICAL EXAMINER 2 9-21-59
	220. BURIAL CREMATION, 12th, DATE THEREOF 12th, NAME OF CEMETERY OR CREMATORY 12th IOCATION (City Journal or County) (Santa)
	REMOVAL (Specify)
	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS APINGTON NAT'I Com Arlington Virginia 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
	Robert A. Pumphrey - Bethesda, Maryland DATE SEP 24 09
	7VVVVVVXVI



death.



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10435 Á CERTIFICATE OF DEATH 10469 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution. Residence before admission) PLACE OF DEATH o. COUNTY 6 COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c CITY OR TOWN (If outside corporate limits, write RURAL and give rearest town) c. LENGTH OF STAY IN 16 RURAL and give, nearest town) IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? OR INSTITUTION YES THE OF 4. DATE NAME OF Middle Month Year DECEASED DEATH 19.59 (Type or print) 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 ARS 5. SEX 6. COLOR OR RACE 7. MARRIED TI NEVER MARRIED TO B. DATE OF BIRTH Months Days Min. WIDOWED [DIVORCED [12 CITIZEN OF WHAT COUNTRY? 10g USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (State or foreign country dod ģ during/most of working life, even if retired) puo 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME 6 COL physica MOVe INFORMANT 16. SOCIAL SECURITY NO 15 WAS DECEASED EVER IN U. S. ARMED FORCES? Bu offend INTERVAL BETWEEN CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) ONSET AND DEATH PART 1. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a **DUE TO** Canditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗹 NO 🗍 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18) 20a ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form 20f (City or town) (Stote) Month Doy Year 20d INJURY OCCURRED (County) foctory, street, office bldg., etc.) Hour a m While Not while 19 at work of wark p m. 195 Lithat I last saw the deceased 21. I certify that I attended the deceased from death accurred at/0/24 AM, from the causes and an the date stated above. ACTUAL prior SIGNATURE should ā nay be refai PHYSICIAN'S NAME (Type) 220 BURIAL, CREMAT ON 226 DATE THEREOF LOCATION (City, tawn, or county) (Stote) METERY/OR CREMATORY 22c NAME OF CE page REMOVAL (Speqify) 9 246 REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR . ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE VS A15 (4) DATE 15M 9/5B 4212 X11A





10364 1. PLACE OF DEATH o. COUNTY L. COUNTY L. PLACE OF DEATH o. COUNTY L. PLACE OF DEATH	HERY MARYLAN s. write c. LENGTH OF STAY IN 3 7 A Y S ve street address) 2 HOSP. T.P.	o. STATE D c. CITY OR TOWN (If outside H 1/A TTS V d STREET ADDRESS	Reg. deceased lived If institution Results to COUNTY Prile corporate limits, write RURAL or CILLE /	. Geo.
b. CITY OR TOWN (If outside corporate limits RURAL and give nearest lown) TAKOMA PIRK d. NAME OF HOSPITAL (If not in hospital, give nearest lown) WASHINGTON SAN 3 NAME OF First	s, write c. LENGTH OF STAY IN 3 7 A 4 3 ve street address) 2 468P. T. P.	o. STATE D c. CITY OR TOWN (If outside H 1/A TTS V d STREET ADDRESS	b COUNTY Pri	nd give nearest fown)
RURAL and give nearest town) TAKOMA PIRK d. NAME OF HOSPITAL (Il not in hospital, gir OR INSTITUTION WASHINGTON SAN 3 NAME OF First	3 7 A 4 3 ve street address) 2 405P. T. P.	d STREET ADDRESS	MILLE 1	615-2
d. NAME OF HOSPITAL (If not in hospital, gives the second of the second	7 40SP. T.P.	d STREET ADDRESS	Pa	e IS RESIDENCE
S NAME OF First) Middle	10 /// 0000		YES NO IX
(Type or print) 1/0 MM	A		DATE Month OF DEATH Q	Day Year 16 19 5 9
4-10-1	7. MARRIED NEVER MARRIED WIDOWED DIVORCED	9 - 11 - 5-9	last birthday) Month	DER TYEAR IF UNDER 24 HRS TO Doys Hours Men 15 / O 171
10g USUAL OCCUPATION (Give kind of work during most of working life, even if retired)	one 10b. KIND OF BUŞINESS OR II	Maryland		CITIZEN OF WHAT COUNTRY
JACK B	MARSHALL	14. MOTHER'S MAIDEN NAME VIVIAN	V BART	
15. WAS DECEASED EVER IN U. S. ARMED FORCE (Yes, no. or unknown) (If yes, give wor or dotes of ser	rvice)	17. INFORMANT WASH SAN 9	HOSP RE	CORDS
PART I. DEATH WAS CAUSED BY:	Pagherata	og faelure		INTERVAL BETWEEN ONSET AND DEATH 30 min
Conditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse last.</u>	Tuperfato	ele aus +	unelliva	Since birt
PART II. OTHER SIGNIFICANT COND	DITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL	DISEASE CONDITION GIVEN IN F	PART 1(0) 19 WAS AUTOPSY PERFORMED? YES NO P
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		JRRED (Enter noture of injury in Part I	·	
20c. TIME OF INJURY Month, Day, Year Hour o.m. 19	T 20d. INJURY OCCURRED 20d While Not while of work at work	e. PLACE OF INJURY (Home, form, 20 foctory, street, office bldg., etc.)	Of (City or town)	(County) (State)
21. I certify that lattended the		19.59, to September of 10.50 AM	19 S9 that I, fram the causes and an	I last saw the deceased the date stated above
ACTUAL SIGNATURE SUPLE	Delleann		RESS (Street, city or lown, stote). Plesville R	DATE SIGNE Septic
PHYSICIAN'S NAME (Type) TO US (P	Killiaus	Schur	Spores, a	led
22a BURIAL, CREMATION, 22b DATE THEREOF REMOVAL (Specify) 23. FUNEBAL DIRECTOR'S SIGNATURE		Pah Cometery (Soither Shurg REGISTRAR 24b, REGISTRAR'S	md.
23. FUNDAL STREETINGS SIGNATURE	Dritherolung	DATE SEP		SIGNATURE A Trimud



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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
10470	CERTIFICATE	OF DEATH	

	10470 CERTIFICATE OF DEATH Reg. Dist. No.1 0438
manus (ma	Description of the property of
	3. NAME OF DECEASED (Type or print) S SEX 6. COLOR OF PLACE 7 MARRIED NEVER MARRIED 8. DATE OF BIRTH 9 AGE (In years If UNDER 1 YEAR IF UNDER 24 HRS In the print) In the print In the p
	DIVORCED DIVORCED 11. BIRTHPLACE (State or foreign country) 100. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) Homemaker retired Own Home Quebec, Canada U. S. A. 13. FATHER'S NAME Unknown Leville Unknown
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO NO INFORMANT NO INFORMANT NO INFORMANT NO INFORMANT Address (Spring, Md. Mrs. Ralph S. Sadler, 303 Marvin Rd., Silver INTERVAL BETWEEN ONSET AND DEATH ONSET AND DEATH
	Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse last. (b) Arterio-sclerotic Cardio-vasoular disease. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO DO CONTRIBUTING CONTRIBUTION CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUT
	20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED Hour o. m. p.m. 19 Other work of wark of war
	21. I certify that I attended the deceased from Vanuary 3, 1957, to Sept. 26, 1959 that I last saw the deceased alive on Sept. 26, 1959, and that death accurred at 108 p.M. from the causes and an the date stated abave. ADDRESS (Street, city or town, state) DATE SIGNATURE Raymond Bradshum, M.D. 345 University By B. West 9/46/5
	PHYSICIAN'S Raymond 13radshaw Silver Spring Md. 220 Bittle CREMATION 22b. Districted 22c Name of CEMETERY OR CREMATORY 22d IOCATION (City. town, or county) Oct. 1,1959 Burial St. Joseph's Cemetery Montoe Michigan
	23. EUNERAL DIRECTOR'S SIGNATURE WARDER E. PUMPHREY, INC., SILVER SPRING, MD. 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE SEP 2 9 59 24c. REC'D BY REGISTRAR'S SIGNATURE DATE SEP 2 9 59

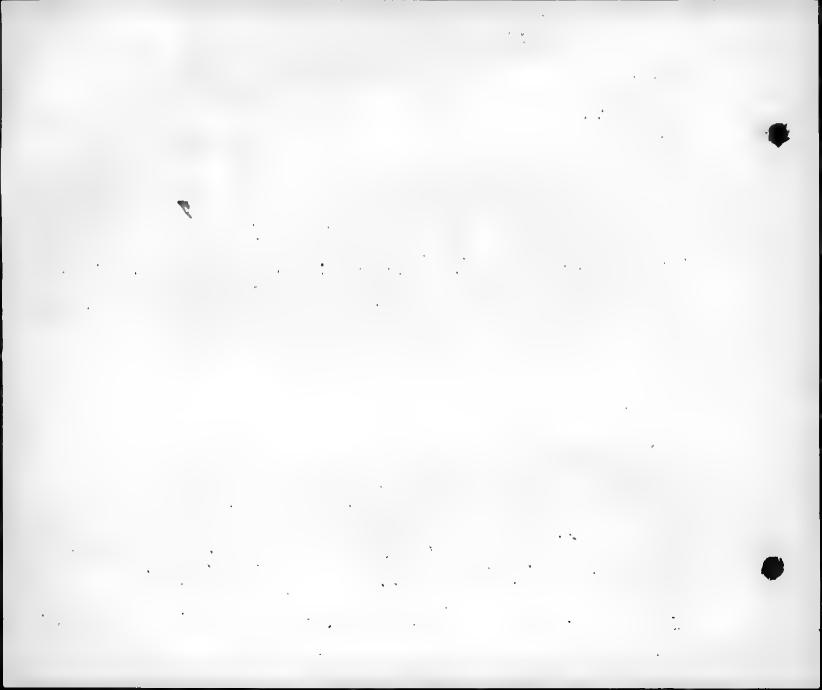


Reg. Dist. No.

\vdash			
1. !	PLACE OF DEATH a. COUNTY ///////////////////////////////////		- 2 - 4
	b CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)	c. CITY QX TOWN (If outside corporate limits, write DURAL and	
	d. NAME OF HOSP TAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS	e IS RESIDENCE ON A FARM?
_	QUBULBAN	4806 Brack 180/194/	YES NO
	NAME OF DECRASED (Type or print) MANNAGE	Martin Seath	Doy Yeor
S !	SEX 6 COLOR OR RACE 7 MARRIED NEVER MARRIED WIDOWED DIVORCED DIVORCED	8 DATE OF SIRTH 9 AGE (In years left birthday) Months	Doys Hours Min.
100	o. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR IND during most of working life, even if refired)		IZEN OF WHAT COUNTRY?
13.	FATHER'S NAME HAMES THOMAS MONLER	Wary Clinabeth HH	RVLX
15. (Yes	WAS DECEASED EVER IN U S ARMED FORCES? 16. SOCIAL SECURITY NO.	b. S. Martin 1417 KS	1. n.co.
	18 CAUSE OF DEATH [Enter only one couse per line for (a) (b), and (c)] PART I. DEATH WAS CAUSED BY.		INTERVAL BETWEEN ONSET AND DEATH
	600,0 DUE TO	8	
	I dove rise to immediate !	hutis, severe	4 day
	couse (a), stating the <u>under.</u> DUE TO		
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH 81	ut not related to the Terminal Disease Condition Given in Par	17 1(a) 19. WAS AUTOPSY PERFORMED? YES 12 NO
	20₀ ACCIDENT WAS UNDERLYING ☐ CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED (Enter nature of injury in Port I or Port II of item 18)	
MEDICAL	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not while of work 0 of work 19	PLACE OF INJURY (Home, farm, factory, street, office bldg, etc.)	County) (State)
	21. I certify that I offended the deceased fram	1 13.//	ast saw the deceased
	alive an, and that deg	th accurred at (AM, fram the causes and an the ADDRESS (Street, city of Jayrn, stote)	e date stated abave
	ACTUAL SIGNATURE COOP (M)	1662 85/2 Old Jenger	in e
	PHYSICIAN'S KChARDO . MYED	s Rd./3ellusda	
220	SURIAL, CREMATION, 226 DATE THEREOF 22C. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, Jown, or county)	ton, AC
23.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D 8Y REGISTRAR 24b. REGISTRAR'S SI	GNATURE
	W. W. Chambers Co 1900 Chapi	4 ST V PAPP 9'59 OH PA	,

Mer death. Page 4 may be retored by the haspital or attending physician.

D FUNERAL TOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to buriol, crematian, or removal, an in any within 72 hours after death. requires that the death certificate be executed within 24 haur ATTENDING PHYSICIAM: The law TO HOSPITAL OR A may be reto TO FUNERAL

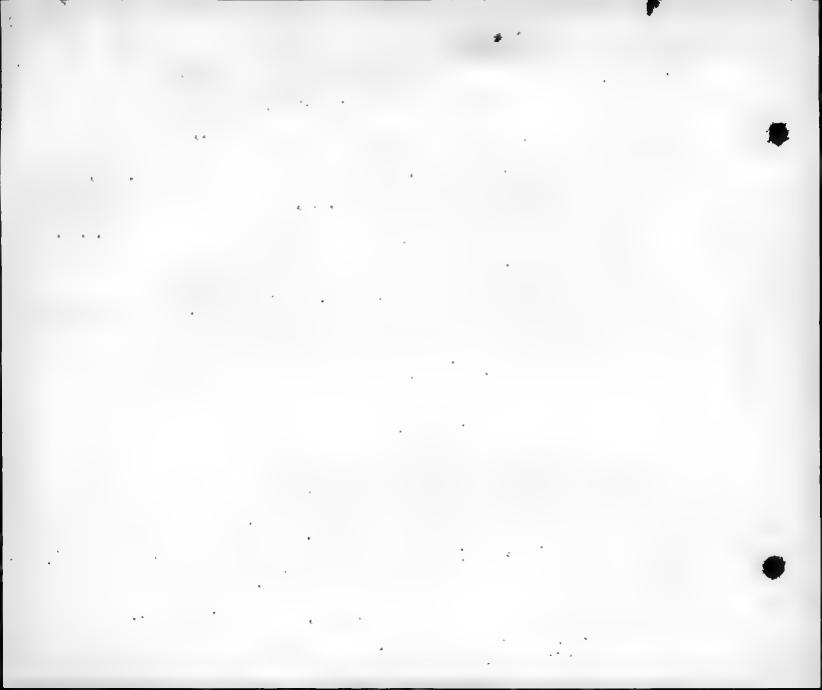
VS A1S (4) 15M 9/58 

		463	75 CERTIFICA	AIL OF DEATH	•	Reg. Dist. No.
0.	ACE OF DEATH COUNTY Montgomers		MARYLAND	2. USUAL RESIDENCE (WHO STATE LAND	nere deceased lived. If instr b, COUN Montg	
b.	RURAL and give near ROOKVILLE	utside carporate limits, write est tawn)	c. LENGTH OF STAY IN 16	Rockville	'	te RURAL and give nearest town)
d.	OR INSTITUTION	(If not in haspital, give stree rick Ave.,	t address)	d. STREET ADDRESS / 114 Freder	rick Ave.,	e. IS RESIDENCE ON A FARM? YES NO
, Na	AME OF	First	Middle	Lost	4. DATE	Wonth Day Year
	ype or print)	CARMEN	M.	MASON	OF DEATH	Sept. 12, 19 59
5. SE	Female 6	Color of RACE 7. MAR	RRIEQ NEVER MARRIED DIVORCED DIVORCED	Sept. 15, 190	9 AGE (In yet lost birthdo	OF LINDER LYEAR IF UNDER 24 HR Y) Months Days Hours Min
0a. !	USUAL OCCUPATION during most of working Housewif	Infereven if retired)	. KIND OF BUSINESS OR INDU	STRY II BIRTHPLACE (State		12 CITIZEN OF WHAT COUNTRY
3. F/	ATHER'S NAME	Charles A. E	(111	14. MOTHER'S MAIDEN N		
5. W Yes, r	VAS DECEASED EVER II	N U. S. ARMED FORCES? 16 res, give wor or defes of service)		nformant ames A. Mason	Item 2	Address
L	Canditions, if any, gove rise to imm cause (a), stating the lying couse last.	DUE TO	Jespelinser	Tonary of		dering. 52
ric Atricia	PART II OTHER		CONTRIBUTING TO DEATH BUT			PERFORMED?
CERT	20a ACCIDENT WAS I OR CONTRIBUTING ☐ IF EITHER, NOTIFY ME	CAUSE OF DEATH I	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in l	Port I or Part II of item 18)	
MEDICAL	Oc TIME OF INJURY Hour a.m.	, While		ACE OF INJURY (Home, farm ctory, street, affice bldg , elc	20f. (City or town)	(County) (Stat
- 1	21. I certify that	I attended the decea	sed fram Much 19., and that death		W From the causes	mat I last saw the decease and an the date stated above
S	ACTUAL SIGNATURE	1/3- Ju	nthum	M.O. 26 N.	ADDRESS (Street, city or to	Win stole) DATE SIGN
P	PHYSICIAN'S NAME (Type)			120	w There bu	y my
20.	SURIAL, CREMATION, REMOVAL (Specify)	9/18/59	22c. NAME OF CEMETERY C Arlington	R CREMATORY	22d. LOCAT ON (City, tow Arlington	(State)
3. Ft	UNERAL DIRECTOR'S S	L' Luvuda	Rockville, Md.	240. REC'		EGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN. The law requires that the death certificate be executed within 24 havracter death. Page 4 may be retained by the haspital ar attending physician.

TO FUNERAL CATOR: After this certificate has been signed by the ottending physician and completely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registror prior to buriol, cremation, ar remayal, and in any event within 72 haurs after certificate.

VS A15 (4) 15M 9/58





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VS A15 (4) 15M 10/S7

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10442

10473

Reg. Dist. No.

1													
1	PLACE OF DEATH G. COUNTY MONTGOMOTY MARYLAND						2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) a. STATE b. COUNTY Pennsylvania						
H	b. CITY OR TOWN (I	autside carporale limi				rate limits, wri	te RURAL at	nd give nea	rest tawr	1)			
	RURAL and give ne Bethesda	arest tawn)		Summe		Ť	V ⁿ t		Ů				
		AL (If not in haspital, g		d. STREET					-	e. IS RES			
ı		cal Center	. Bet	thesda ll.	Md.	Box 2	os						FARM?
3	NAME OF	Fir		Middle		lo		4. DATE		Month	Do		Year
	DECEASED (Type or print)	Thoma	9	Jerom	A	McCa	71	OF DEATH	_	tember			19 59
5.	SEX			RIED NEVER MARRIEL		B DATE OF BIRT		<u> </u>	9 AGE (In ye	ars IF UND	DER TYEAR		
	Male	White	WIDOW			August	25. 1	1936	last birthác 23	y) Manth	s Days	Haurs	Min.
10	. USUAL OCCUPATIO	N (Give kind of work)	Jane 10b	KIND OF BUSINESS OR	INDUS	TRY 11 BIRTHP	LACE (State	or foreign co		1 1 1	CITIZEN O	F WHAT	COUNTRY
	Student	ing life, even if retired		None			Pennga	vlvani	2		11.	S.A.	_
13	, FATHER'S NAME			110110		14 MOTHER'S			.06		0.	ary ark	
	Thomas Mc	Call				Esthe	r Noor	2					
15	. WAS DECEASED EVER	IN U S. ARMED FOR	CES? 16	SOCIAL SECURITY NO	17 IN	FORMANT T			Record	Address		-	
1"	No	If yes, give wor or dates of s		210-28-7674		e Clini					. Mar	<u> ylaı</u>	nd
F		TH [Enter only one co		ne for (a), (b), and (c).]		- W W. play 3000 4000	700. 7	W. W. W. J.		and the same	LINTE	RVAL BE	TWEEN
	PART I DEAT	IH WAS CAUSED BY:	Pe	ritomitis							ONS	2 Mo	DEATH
	199.2	DUE TO							1,12				
	Canditions, if an	ry, which)	Me	tastatic Ma	lig	nant Car	cinom	.			l Year		ar
	gave rise to in cause (a), stating t	nmediate (
	lying cause last.	(c)										
Z O	PART II OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT	NOT RELATED TO	THE TERMI	NAL DISEASE	CONDITION	GIVEN IN P	ART 1(a) 1	WAS .	AUTOPSY
CATION													RMED?
CERTIF	200 ACCIDENT WAS	S UNDERLYING CAUSE OF DEATH	20b. DES	CRIBE HOW INJURY OC	CURRED). (Enter nature o	of injury in P	Part 1 or Part	11 of item 18)				
	(IF EITHER, NOTIFY	MEDICAL EXAMINER)											
ICAL	20c. TIME OF INJURY	Month, Day, Yes	- 1		20e PLA	CE OF INJURY	Home, form,	20f. (City	or tawn)		(County)		(State)
MEDI	Haur a.m. p.m.	19	While at war	k Not while	TOU	ory, sirees, princ	e biog., eic.,	1					
П	21. I certify the	at I attended the	deceas	ed from Augus	t 25	1959	, to Ser	ptembe	r 11 ₁₉	59 that	Llast sa	w the	docean
	olive on Sept	ember 11	. 19										
The state of the s									ATE SIGNED				
										9/11	/59		
1					7	Natio	nal L	nstitu	tes of	Healt	th		
	PHYSICIAN'S NAME (Type) (CHARLES E.	MIDINE	EL. M.D.				. Mar					
22	O. BURIAL, CREMATION			22c. NAME OF CEMET	ERY OR				ION (City, tax	n, or county	וע	[State	e)
	FEMOVAL (Specify)	wn9-14-	5 %	57 146	PARY	15		Can	ibria (Co.	Pen	4	vania
23	FUNERAL DIRECTOR'S	SIGNATURE-	-	ADDRESS			240. REC'E	BY REGISTI	_	EGISTRAR'S		-	
	K.HOung	day Tun	rela	Jane Beth	esd	a, Md.	DATESE	P 1 5 '5	9 (anthur.	S. France	A	
							-						



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Ш		30175		CENTI	ICAIL	JI DEA			Reg. Dist.	No.	
1	PLACE OF DEATH a COUNTY MOX	ntgomery		MARYL	li n S	AL RESIDENCE (TATE Ohio	Where decease	d lived If institute b. COUNTY	on Residence	befare oc	dmission)
	b. CITY OR TOWN (if auts) RURAL and give nearest		s, write	c. LENGTH OF STAY II	_	,	If outside corp	orate limits, write R	URAL and give	e nearest	lown)
H	Bethesda	and in bounded of	a dende	105 days		TREET ADDRESS		/		1 "	RESIDENCE
	d NAME OF HOSPITAL (IF OR INSTITUTION				/-			Assessed			N A FARM?
E	The Clinical				id. 6			Avenue			S NO X
3.	NAME OF DECEASED (Type or print)	Firs		Middle		Lost VI - Cl - co	4. DATE OF DEATH	Mon Sente	_	30	19 59
5		OLOR OR RACE		William ED NEVER MARRIED		McCoy OF BIRTH	DEATH	9. AGE (In years		The same	
			WIDOWE		_	_	h.1892	lost birthday)			ors Min
10	Male Value OCCUPATION (G	A STATE OF THE PARTY OF THE PAR			- Inch				112 CITIZE	N OF W	HAT COUNTRY
	during most of working lit	fe, even if retired)					io	,,		U. S.	_
13	Accounting C. FATHER'S NAME	reick	U	overnment	Retire	OTHER'S MAIDER				74 17	44.9
L	Townsh McCorn				120	rangelin	- West				
15	Joseph McCov . WAS DECEASED EVER IN C	J. S ARMED FOR	CES? 16 S	OCIAL SECURITY NO		NTThe Me		Add	ress		
(y		give war or dates of se		certainable				Bethesd	s 11. 1	Mary	land
	NO IB. CAUSE OF DEATH	Enter only one car			7 1103 0		OGITOCI	De orrepu		INTERVA	L BETWEEN
Г	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Cardie-resp. Arrest 1 hour										
	1992 DUE TO										
Conditions, if ony, which) (b) Malignant metastatic carcinoid										6 w	ers
	gave rise to immed cause (a), stating the up	ficte (DUE TO									
	tying cause last.	(c)									
CERTIFICATION	PART II OTHER SI	GNIFICANT CON	DITIONS C	ONTRIBUTING TO DEA	IH BUT NOT RE	ATED TO THE TES	RMINAL DISEA	E CONDITION GIV	EN IN PART I	i PI	AS AUTOPSY ERFORMED?
TIEIC	20a. ACCIDENT WAS UN	DERLYING [20b. DESC	RIBE HOW INJURY OC	CURRED. (Enler	nature of injury	in Part I or Po	rt (af item 18.)			- HO []
l iii	OR CONTRIBUTING C	AUSE OF DEATH									
3	20c. TIME OF INJURY M	onth, Day, Yea	r 20d IN	JURY OCCURRED 2	Oe. PLACE OF	NJURY (Home, fo	arm, 20f (Cit	y ar tawn)	(Cox	rnly)	(State)
MEDICAL	Hour a.m.	19	While of work	Not while	taclary, sin	el, office bldg.,	etc.)				
	21. I certify that I	attended the	decente	ed from June	17	10 59 10 8	entemb	er 30 ₁₉ 59	that I la	el ecour	the decores
	alive on Sentem			9, and that							
L	· · ·		1	A.	1	00 01,221		itreet, city or sown.		duic s	DATE SIGNE
ı	ACTUAL SIGNATURE	aulis <	シー	Merica.	1 MD	The Cli	inical	Center			10/1/59
				X				itutes of	Healt	h	and the set of
	PHYSICIAN'S NAME (Type) Ch sir	les P. N	engel	L. M.D.				Maryland			
22 P	Burial, CREMATION, 2.		1/59	22c. NAME OF CEME	ERY OR CREMA		22d. LOCA	TION (City, lawn,	pr county) hio		(State)
23	. FUNERAL DIRECTOR'S SIG			ADDRESS	14 2	24a. RI	EC'D BY REGIS	TRAR 24b. REGIS	STRAR'S SIGN		
	Robert A.	Pumphre	y P	Bethesda,	Maryl	and DATE	OCT 5 Z	'59 C	when the	Thank	

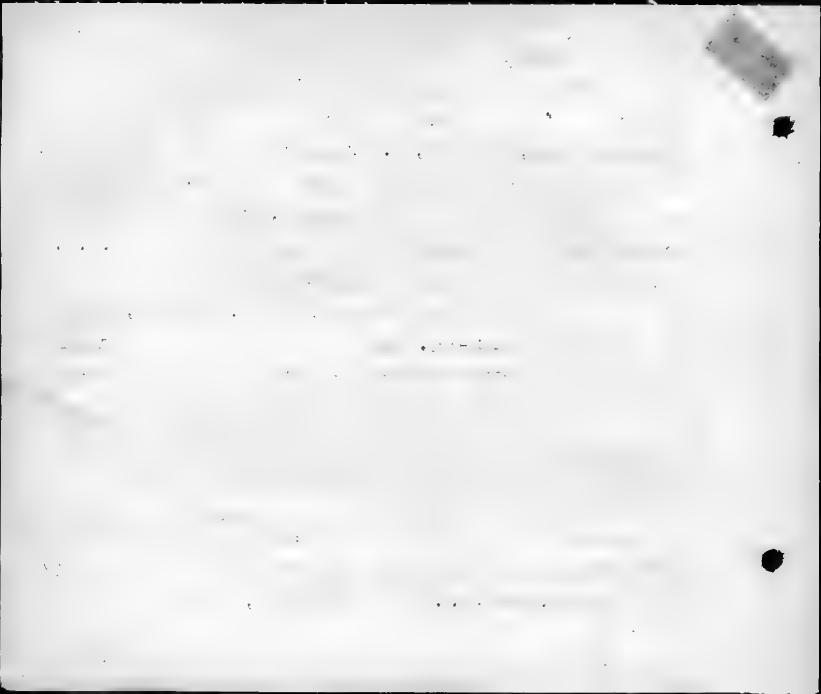
may be retained in the haspital ar attending physicion

TO FUNERAL DIRE

: After this certificate has being signed by the attending physicion and campletely filled in by their page 3 shauld be ched far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs aft

Cheral director, death: Page 4

VS A15 (4) 15M 10/57



10444

10475

CERTIFICATE OF DEATH

Des Dist No.

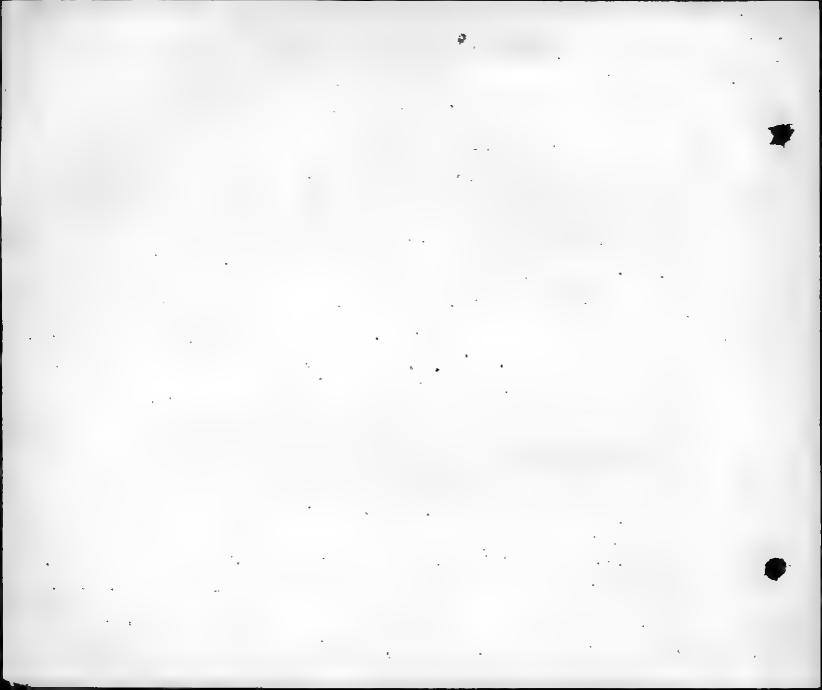
\				7711					rah.	DI31, 140.	
1		PLACE OF DEATH		ž	MARY	LAND	2 USUAL RESIDENCE (Who o. STATE		If institution Resid b. COUNTY	lence befare ad	imissian)
	ŀ	b, CITY OR TOWN RURAL ond give	If autside carparal		e C. LENGTH OF STAY	IN 1b	c City OR TOWN (IF o	utside corporate lii	mits, write RURAL on	nd give negrest i	
		1	11	1	19 /		1		. /	٠. ن	,
		d. NAME OF HOSP	ITAL (If not in hosp	ital aive str	eet address)		d. STREET ADDRESS	merca	4.	17.	RESIDENCE
j.	`	OR INSTITUTION	11		ce: 4401ess;	1	701 M	, 7	1 61	. 0	N A FARM?
	-	WANT OF	ed e de six	ut-a	7	1	211 / Ceka	a ma	ele en		
	1	NAME OF DECEASED (Type or print)	_ M .	First	John Middle	4	m. Mill	4 DATE OF DEATH	Month Leat.	29	Year 19.5 9
	5. S	SEX	to COLOR OF	ACE 7. M	ARRIED -NEVER MARRI	ED 🔲 E	DATE OF BURTH	9. AG	E (In years IF UND t birthday) Month		
	2	neals	White	WIDO	OWED DIVORCE	D 🔲	4/9/93	2 /	1) yrs. 5	20° Ho	urs Min.
	10a	USUAL OCCUPAT	ION (Give kind of irking life, even if r	work done 1	Ob. KIND OF BUSINESS C	OR INDUS	TRY 11 BIRTHPLACE (State	ar fareign cauntry)	12.0	ITIZEN OF WH	AT COUNTRY?
	Z	//, `	ting Of	1/1-1	ful mail	A .	True -			71 1	0 A.
	13	FATHER'S NAME	170	,	7 220777700		14. MOTHER'S MAIDEN N	IAME	5,	<u> </u>	
		18 11	1 / 6	m .	12.01		6771	20	16.1.	4 .	
					16. SOCIAL SECURITY NO). IN	FORMANT	1	Address		
	(Yes.	(no, or unknown)	(If yes, give war or do	les of service	None		Certa de	Same	02 C	to according	
	7	18. CAUSE OF DE	ATH [Enter only o	ne cause pe	line far (a), (b), and (c)	.] ,	6	• ,=)		INTERVA	BETWEEN
1		PART I, DE	ATH WAS CAUSED	BY:	War sandel	Jan +	1.20 1 Adeal	1 350	1.41	e 7 %	ND DEATH
		332X	•	JE TO	7	· * * 12.12	····(1) W (sect			1	AND THE PROPERTY OF
/		Conditions, if	•	G	interest	11 12-15	11 +1 +1 +1 +1	King the	LINTE	16	12010
		gave rise ta	immediate (JE TO	200 10 0C 20	1.	6/	4		/	De Care Conf
		couse (a), stating lying couse last	ine under-	w L	in entry	214	ntroma	of and	Oth wal	20	timero
	z			CONDITION	NS CONTRIBUTING TO DE	ATH BUT!	NOT RELATED TO THE TERMI	NAL DISEASE CON	IDITION GIVEN IN P	ART 1(a) 19. W	AS AUTOPSY
	CERTIFICATION									PE	RFORMED?
		OR CONTRIBUTION	/AS UNDERLYING ! G □ CAUSE OF DI Y MEDICAL EXAMII	ATH	DESCRIBE HOW INJURY O	CCURRED	. (Enter nature of injury in f	Part I ar Part II of	item 18 }		
	Q L	20c TIME OF INJU	IRY Manth, Day	, Year 20a	I. INJURY OCCURRED	20e. PLA	CE OF INJURY (Hame, farm	, 29f. (City or to	wn)	(County)	(Stole)
	MEDICAL	Haur a.m. p.m.		19 Wh	ile Not while work at wark	faci	ary, street, affice bldg., etc.	} }			
					<u> </u>	1 mm 3	LC 1057 1050	11-24	10 40/1	4 4	
	Ш	4	hat Lattended A スプーフく	ine dece	LT 1	Patrick man pro	TI UE T	31		last saw th	
	Н	alive an	2921 20	:	that	death	accurred dia FA	M, from the o ADDRESS (Stréet o	auses and an 1		ited abave. DATE SIGNED
		ACTUAL	4)	1	this 1		12 where of	ADDRESS (Siyber o	rity or lawn, state)	M	9:24/57
1		ACTUAL SIGNATURE 6	eticael	-1/1·	11 Zakaj	h	1.0.00	6 11 Cloude	a white	3/()	1-21-31
/		PHYSICIAN'S NAME (Type)	Michel	М. Не	aly		Washing	ton Cli	nin, Was	h. D.	C.
	22 a	BURIAL CREMAT.	ON, 226 DATE TH	HERFOF	22c NAME OF CEM	ETERY OR	CREMATORY	22d. LOCATION (City, tawn, or caunt		State)
	E	Burlal Specific	" 10/2	/59	Gate of	Hea	ven	Silver	Spring,	Maryl	and
	23	FUNERAL DIRECTO	R S SIGNATURE		ADDRESS	2C/	Meery 240 REC'I	D BY REGISTRAR	24b REGISTRAR'S	SIGNATURE	
	F	Robert A	L. Pumph	rey	Betheada,	Mar	yland POATENCY	2 '59	Chilhun &	there	
	18			-	A P						

may be retained by the haspital ar attending physician.

TO FUNERAL DESCIOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be fitted with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs after death. TO HOSPITAL OF ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 havy VS A15 (4) 15M 9/58

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er death



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5M 9/55

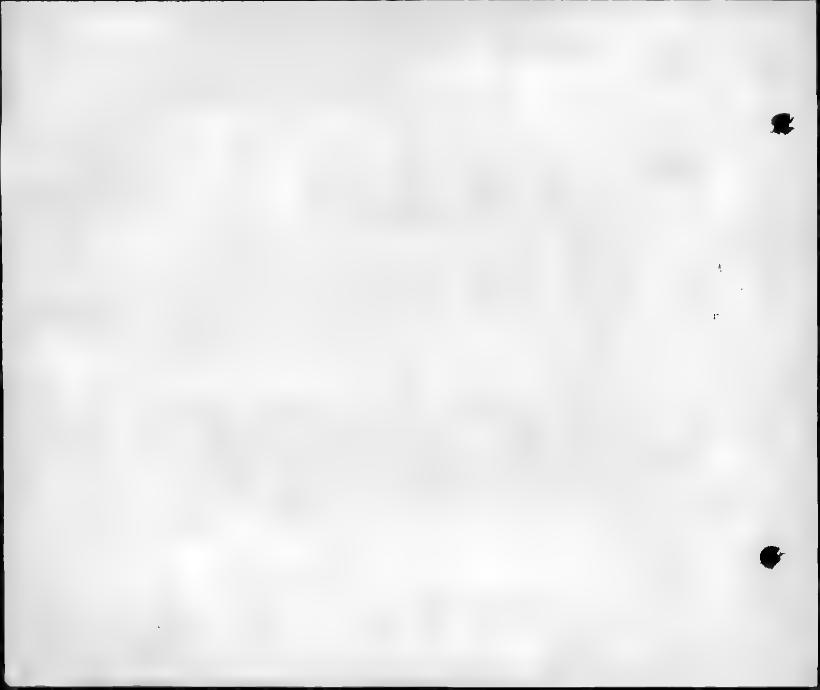
MARYLAND	STATE DEPA	RTMENT OF	HEALTH-BA	LTIMORE, 18
MEDICA			IFICATE OF	DEATH

1()445 j. Dist. No.

		PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased		before admission)					
	ľ	in ity cours	MARYLAND	o. STATE	b. COUNTY						
7	Ь	CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corpor	rate limits, write RURAL and giv	re necrest town)					
/		Bothesdo	1000115	Willes hine to	1174.	. 7					
	d	NAME OF HOSPITAL OR INSTITUTION (If not in hosp	ital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE					
F		30 heirhan		1351 Gurar	757.	YES NO P					
	1	NAME OF First PECEASED	Middle	Lost 4. DATE	Month C	ay Year					
		Type or print) [6, [13 Ci 231		MINIEY DEATH	- 1 1 2 mm /	19 "					
	5. S		NEVER MARRIED 3.	DATE OF BIRTH	Anna Street A S						
		177 C WIDOWED	DIVORCED	5 5	Yrs. Months Day	s Hours Min.					
	10a.	USUAL OCCUPATION (Give kind of work done 10b. KI uring most of working life, even if retired)	ND OF BUSINESS OR INDUSTI	11 BIRTHPLACE (State or foreign cou	ntry) 12. CITIZEN	OF WHAT COUNTRY?					
		Lyberer (4)	23Truction	Gerzia ?	1 6.	Ca,					
	13.	FATHER'S NAME		14. MOTHER'S MAJDEN NAME							
		unknewn		61 12 K 1	7, 16 17						
	15. (Yes.	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	OCIAL SECURITY NO. 17. IN	FORMANT	Address 1351	GIMIN 31.					
	g- 00,		A.	in Miles (Finer	-11. 2. Ex 184 8/2	. D.C.					
		18. CAUSE OF DEATH (Enter only one cause per like for	or (o), (b), and (c).]		7	NTERVAL BETWEEN					
	PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) CITE MICH										
	1	PUE TO		2 100 313							
	Ĭ	Condition to the second of the	mal to	Luca		4 Days					
		gove rise to immediate couse									
		(a), stating the underlying DUE TO	euch In	uri -		16 hain					
	z	PART II. OTHER SIGNIFICANT CONDITIONS CON	NTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAUDISEASE O	ONDITION GIVEN IN PART 1(d	119 WAS AUTOPSY					
2	CATION					PERFORMED?					
Ì	표	20a. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING	HOW INJURY OCCURRED. (Er	Her nature of injury in Part 1 or Part II of	item 18.)	I WAS THE THE					
	CERTIF	PRIMARY D or CONTRIBUTING A CAUSE OF DEATH.			a. C.						
	₹		JURY OCCURRED 200, PLAC	F OF INJURY (Home, form, 120) I City of	r town) (County)	(Stote)					
	MEDICAL	Hour sem.	/ Not while fecto	E OF INJURY (Home, form, 20f. (City or street, office bidg., etc.)	T. A	(J. J. J					
	Ž.		44	Edg. 132	Mitsele Mrs	4 ma					
		21. I certify that I took charge of the re			pection [, Inquiry [, and find that					
		death resulted from: Natural causes	, Accident Ki. Suic	ide 📋, Homicide 🔲, Und	letermined cause [].						
Н		ACTUAL of 1 / 1 / 200				DED SQUARE					
		SIGNATURE 1264 4 AND	ctrail-	M.D. CHIEF MEDICAL EXAMINER							
,		EXAMINER'S FLANK J. B	No. 1 1 2 1 1	ASSISTANT MEDICAL EXAMINER		erans					
		(1/1/m) / / / / / / / / / / / / / / / / / /	roschart	DEPUTY MEDICAL EXAMINER	<u> </u>	57					
	220.	BURIAL CREMATION, 22b. DATE THEREOF 2 REMOVAL (Specify), 22b.	2c. NAME OF CEMETERY OR	REMATORY 22d. LOCATIO	ON (City) town, or county)	(Stole)					
	_	Aurick 4-2-27	Juncoln	Memorial Du	Mand Ord.	That.					
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGISTRA	246. REGISTRAR'S SIGNA	TURE Trans					
-	2	Trace in 1600	Al trever	CG:/ SE DATE DEF		3.00					

pol

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



22c. NAME OF CEMETERY OR CREMATORY

Arlington National

Year

1959

(Stote)

(Stote)

Turase A

U.S. Naval Hospital, Bethesda, Md.

240. REC'D BY REGISTRAR Washington,

22d LOCATION (City town, or county)

Arlington Virginia

246. REGISTRAR'S SIGNATURE

0 VS A15 (4) 15M 9/SB

ö D

PHYSICIAN'S

NAME (Type)

G.B. AVERY.

Home

220 BUR A. CREMATION, 225 DATE THEREOF

23. FUNERAL DIRECTOR'S SIGNATURE ! Chambers Funeral



MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10479

CERTIFICATE OF DEATH

215

#B	ß	*0313				Reg. Dist. No. ニュン		
N).	PLACE OF DEATH o. COUNTY Montgomery	MARYLAND	2 USUAL RESIDENCE (Where of STATE Maryland		Residence before admission)		
		b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c LENGTH OF STAY IN 16	c. C TY OR TOWN (If outsid	e corporate limits, write RU	RAs and give nearest town)		
		Bethesda (Rural)	DOA	Hyattsville	<u> </u>			
to.		 MAME OF HOSP TAL (If not in hospital, give street or OR INSTITUTION 	dd ress}	d. STREET ADDRESS		e IS RESIDENCE ON A FARM?		
P		U. S. Naval Hospital		5719 29th 8	St., West	YES NO NO		
	3.	NAME OF First DECEASED	Middle		DATE Month	h Day Year		
		(Type or print) Ruth	Nelson	MOORE	DEATH Septe	mber 15 1959		
eq	5	SEX 6 COLOR OR RACE 7. MARRIE	D X NEVER MARRIED	B. DATE OF BIRTH		Months Doys Hours Min		
fie		emale Caucasian WIDOWED		3-11-12	47 yr	Months Doys Hours Min		
11	10a	JSUAL OCCUPATION (Give kind of work done 10b. K during most of working life, even if retired)	IND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (State or fo	oreign country)	12 CITIZEN OF WHAT COUNTRYS		
541	J.	lousewire		New York	₹	U.S.A.		
F		FATHER'S NAME		14. MOTHER'S MAIDEN NAME	å å			
4.	_	hester NELSON		Charlotte I	DIETZ			
9	15. (Ye	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. So is, no, or unknown) [(If yes, give wor or dates of service)]	OCIAL SECURITY NO.	NFORMANT	Addre	33		
딒		No	(H) Geo. L. Mod	ore, same a	s #2 above		
Examine		PART I. DEATH WAS CAUSED BY	nchopneumon			INTERVAL BETWEEN ONSET AND DEATH		
X								
-	Conditions, if any, which) DUE TO Anaplastic carcinoma, site undetermined, conditions, if any, which) the With Widespread metastases to lung, brain							
al			rain					
O		gove rise to immediate DUE TO and	abdominal	organs				
ğ	10	lying cause last. (c)						
' Medi	CATION	PART 11 OTHER SIGN FICANT CONDITIONS CO	NTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL	d sease condition give	N IN PART 1(a) 19 WAS AUTOPSY PERFORMED? YES NO		
Deputy	CERTIF	200 ACCIDENT WAS UNDERLYING 20b. DESCROR CONTRIBUTING 20b. DESCROR EXAMINER)	RIBE HOW INJURY OCCURRED	O (Enter noture of injury in Port)	or Part (Lof (tem 18.)			
De	MEDICA	Hour g. m. While	Not while of wark	ACE OF INJURY (Home, form, 21 tory, street, affice bldg, etc.)	Of. (City or town)	(Caunty) (State)		
	-	21. I certify that I attended the deceased		10 50 to Sont	15 160	hat I last saw the december		
0						I an the date stated above		
C		-70	•		RESS (Street, city or town, s			
2		SIGNATURE Pauline 2. Cla	uke		aval Hospit			
eı		SIGNATURE / DO		W.DO_R	dr. Tiopbro	44		
E i		PHYSICIAN'S P. E. CLARKE, L.	CDR. MC. US	N Bethesda	. Maryland			
80	220	BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		. LOCATION (City, town, or			
Montgomery		REMOVAL (Specify) Burial 9-19-59	Parklawn		Rockville.	''		
QI V	23.	FUNERAL DIRECTOR'S SIGNATURE () 10 -20 toke	ADDRESS	Mid 24a REC'D BY	REGISTRAR 246 REGIST	TRAR'S SIGNATURE		
_	W		ome. Silver	Springpate SEP	21 '59 Ow	Chur S. Mrana		

may be retained by the hospital or attending physician.

D FUNERAL Exactor: After this certificate has been signed by the ottending physician and completely if led in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove certain papers. Pages 1 and 2 should be fixed with the registrar prior to burial, cremation, or removal and in any event within 72 hay's after death may be retai TO FUNERAL D

ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hou

TO HOSPITAL CO.

VS A15 (4) 15M 9/5B

Page 4

death

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10480

Reg. Dist. No

	1.	Montgomer	v		MA	RYLAND	2. USUAL RESI d. STATE Alaba		nere deceased	l lived tf institu b. COUN		lesidença i	befare admi	ssion)
1		b. CITY OR TOWN (IF RURAL and give nec	outside carporate limi	AY IN 1b	c. CITY OR	TOWN (If o	outside corpor	ate limits, write	RURA	L ond give	nearest to	rn)		
00		Bethesda			7 day	8	Birmi	ngham	1	4	()	<		
		OR INSTITUTION	AL (If not in hospital, g	give street	address)		d STREET A	DDRESS						SIDENCE
3		The Clini	cal Center	e, Be	thesda 14	, Md.	42 Ed	gehil	1 Road	l				A FARM?
		NAME OF DECEASED	Fir	rst	Midd	lle	Los	1	4. DATE OF	M	anth		Day	Year
	<u> </u>	(Type or print)	Ra	Tal .	Claren		Mor	k	DEATH	Sept	emb	er	1,	19 59
	5. 9	SEX	6. COLOR OR RACE	7 MARR	RIED 🔣 NEVER MAR	RIED 🗌	8 DATE OF BIRT	1		9 AGE (In year last birthday)			EAR IF UND	
		Male	White	WIDOWE	ED DIVOR	CED 🔲	January	8, 1	900	59 y		nths Da	ys Hours	Mun
	10a	. USUAL OCCUPATION	N (Give kind of work ing life, even if retired	dane 10b.	KIND OF BUSINESS	OR INDU	STRY 11. BIRTHPL	ACE (State	or fareign co	untry)		2 CITIZE	N OF WHA	T COUNTRY
		Administr		M	edical Jo	urnal	W	iscon	sin			U	. S. A	l.
7	13.	FATHER'S NAME					14. MOTHER'S	MAIDEN N	IAME				·	
		Reuben Mo	rk				C	lara	Kitte	lson				
	15.	WAS DECEASED EVER	IN U S. ARMED FOR	CES? 16	SOCIAL SECURITY N	10 17 H	NFORMANT Th	e Med	ical B	ecord A	ldress			
	1101	Yes	yes: give wor or date of s	BLAICE)	577-42-99		he Clini					3.h	Maryla	and
		IR CAUSE OF DEAT	H (Enter only one co	use per lic	ne for (a) (b) and (110 04.2214	JOLE O	GHOOL 9		T. C.		IN ITERMAL O	F 7-445 F-4
	18 CAUSE OF DEATH [Enter only one couse per line for (q), (b), and (c)] PART 1. DEATH WAS CAUSED BY. Acute Congestive heart failure										ONSET 3N	DEATH		
			IMMEDIATE CAUSE (o	1	*	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								<u> </u>
	Conditions, if any, which Lautie Heart Bispass with Aortic Insufficience									CT	of 15 years			
		gove rise to im	mediate ()		47011				origin			- Jan J	years
		couse (o), stating the lying couse lost.						UNI	Mown	origini				
/ (-)									Jan Suic	AAIMONEN				
^	CATION	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPS' PERFORMED?											DRMED?	
974. 10		20g ACCIDENT WAS	UNDERIVING ET	20h DESC	CRIBE HOW INJURY	OCCUPPE	D (February)	I miner in E	best Las Best	11 -6 24 10 1			YES E-	NO 🗌
	CERTIF	200. ACCIDENT WAS OR CONTRIBUTING E (IF EITHER, NOTIFY A	CAUSE OF DEATH	IVD. DES	CHIEL HOTT HAZOKI	OCCUME	v. (chier noture o	injury in i	on i or run	ii or trem to.)				
		20c. TIME OF INJURY		ne 20d 15	NJURY OCCURRED	20a BI	ACE OF INJURY II		Toos selv					
	MEDICAL	Hour o.m	19	While	Nat while_	fac	dary, street, office	bldg , etc.	, [207. (City)	or tawnj		(Cour	nty)	(State)
	×	p. m.			al wark		A Z		1					
		21. I certify the		decease		gust	25, 19, 59	, la Se	ptembe	r 1, 1959	,,th	at I las	t saw the	decease
		alive on	eptember]	, 19	and the	at death	accurred at	10:15	EM, fram	the causes	and	an the	date stat	ed above
			"d-1 1. 3	0	10					eet, city or tow			_	ATE SIGNE
		SIGNATURE	way 41	1. 1	edex		M.D			cal Cer				-2-59
		PHYSICIAM'S VIA	etor W. Sie	4.3	M D			Nat	ional	Institu	ites	of	Healt	1
		NAME (Type)	2001, M. OT	ner,	MeDe		1 dille dhee sele sede deer dijk, seje, se	Bet	hesda	14, Mar	yla	nd		
	220.	BURIAL CREMATION	, 22b. DATE THEREO	F	22c NAME OF CE				22d LOCATI	ON (City, town	or col	unty)	(Sto	le)
		PEMOVAL (Spacely) DUPIRI	9/4/59		Arling	ton 1	Nationa	l Cal		lingto			inia	
		FUNERAL DIRECTOR'S		20	01 H th	9+	M LI		BY REGISTR					
	1	he S.H.	Himes Co	· > 57	OF TH MI	0 7	AT . W.	DATEFP	я '59	Cla	thun.	8 th.	sad.	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 4 moy be retained by the hospital or ottending physician.

O FUNERAL DIP TOR: After this certificate has been signed by the ottending physician and completely filled in by page 3 should. Detailed for use as the burial-transit permit. Then please remove capan papers. Pages 1 and 2 the registrar prior to burial, cremation, or removal, and in any event within 72 hours effer death. moy be retained by TO FUNERAL DIV VS A15 (4) 15M 10/57



CERTIFICATE OF DEATH

10450

10221 Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution- Residence before admission) PLACE OF DEATH o. COUNTY p. STATE **b. COUNTY** MARYLAND Montgomery Maryland Montgomerv b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside carporate limits, write RURA), and give negrest town) RURAL and give nearest fown) 16 hours Olnev Olnev d. NAME OF HOSP-TAL (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? YES 🗍 NO 🐷 Montgomery County General Hospital. Inc 108 King William Drive NAME OF Middle 4. DATE Lost Month Year DECEASED DEATH (Type or print) Nellie Morley Frances 19 IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED 1 NEVER MARRIED 8. DATE OF BIRTH AGE (In years last birthday) Months Days Hours Min DIVORCED [WIDOWED F Female White 3.28.1887 YES 100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNTRY during most of working life, even if retired) U.S. Ireland Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Denis O'Neill Catherine Downing 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address If you give you or dates of service Hospital Records 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET, AND DEATH PART I. DEATH WAS CAUSED BY:
| MMEDIATE CAUSE (o). 060.C DUE TO Chronic Arthritic Conditions, if any, which gove rise to immediate **DUE TO** cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO TH 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Month. 20e - PLACE OF INJURY (Home, form, 20d. INJURY OCCURRED 20f (City or town) Doy, Year (County) (Stote) factory, street, affice bldg , etc.) Hour a.m. While Not while at work a ot work D. m 4. 19.37 that I last saw the deceased 21. I certify that I attended the deceased from __, 19___, ta_ and that death accurred at 5:00. AM, from the causes and an the date stated above. ADDRESS (Street, city or town, stole) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) Richard A. Yates, M. D. Olney. Maryland 220 GURIAN CREMATION, 225, DATE THEREOF 22d. LORA PON (City town, or county) 22 CONAME OF CEMPTERS OF CREMPTORY ... 42 REMOVAL (Specify) 23. FUNERAL DIRECTOR'S AGNATHME ADDRESS TAK REGISTRAR'S SIGNATURE REC'D BY REGISTRAR

O VS A15 (4) 15M 10/57

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FUNERAL





HOSPITAL



VS. A15ME(5) 5M 9/55

22d LOCATION (City, town, or county)
Baltimore, Md. Araington's Cem. 23. FUNERAL DIRECTOR'S SIGNATURE 24g, REC'D BY REGISTRAR 1246, REGISTRAR'S SIGNATURE S.H. Hines Co. Washington, D. C. DATESEP 2 2 '59 Cirting & three

e. IS RESIDENCE

YES NO NO

Year

19 5

IF UNDER 24 HRS

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

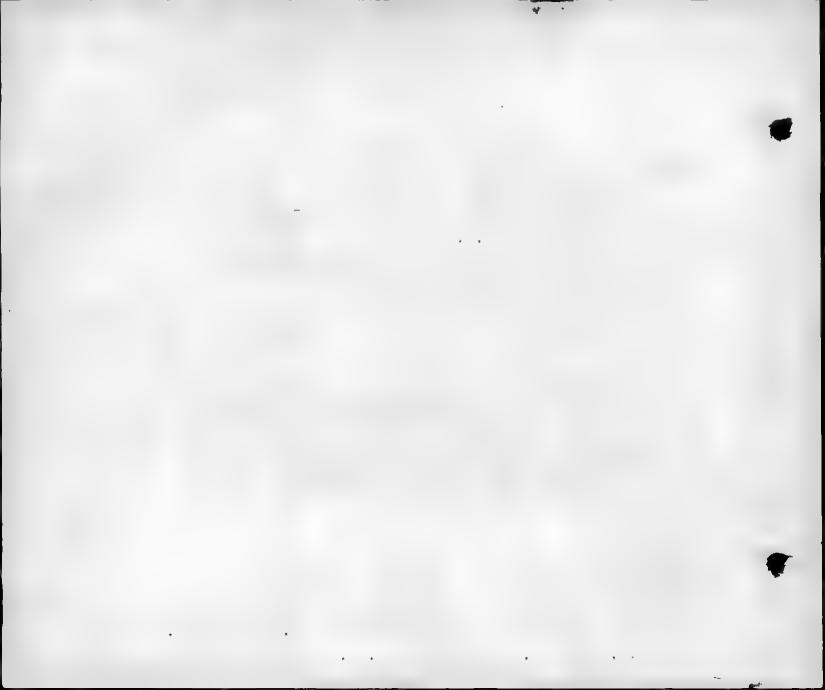
> PERFORMED? NO Z

CHARGE STREET

(Stote)

[County]

ON A FARM?



Bethesda, Maryland DATE SEP 1 7 '59

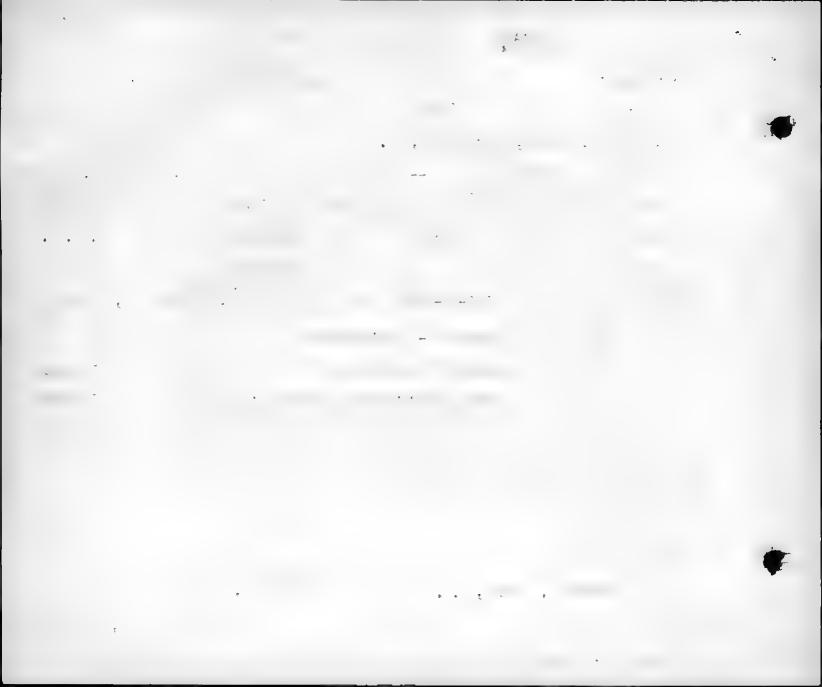
Chilling & House

띺 †

VII A15 (4)

15M 9/58

Robert A. Pumphrev



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nd.	1
	J ml

r death. Page 4

ife funeral

y be retained by the hospital or otherding physician.

JNERAL E. TOR: After this certificate has been signed by the otherding physician and campletely filled in by 1% functions as 3 should be detached for use as the bunditransit permit. Then please remove carbon papers. Pages I and 2 shauld, be registrar prior to burial, cremation, ar removal, and in any event within 72 hours aflet. degite. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours OSPITAL OF be retain

10 H	TO FE	ΨĘ
	A1S VI 9/5	

Ł	20101	CERTIFICA	IL OI DEAIII	Re	g. Dist. No.
	o comentgomery	MARYLAND	2. USUAL RESIDENCE (Where a STATE Maryla	e deceased lived. If institution, R and b. COUNTY	Residence before admission)
	b CITY OR TOWN (If autside corporate limits, write RURAL and give negrest town) Silver Spring	GTH OF STAY IN 16	c. City or town (if out	side corporate limits, write RURAI ${ m rk}$	L and give nearest town)
	d. NAME OF HOSPITAL (If not in hospitat, give street address)		7603 Easte	ern Ave.	e IS RESIDENCE ON A FARM? YES NO
3	NAME OF DECEASED (Type or print) LIII an Mar	y Middle	IV e i	DEATH Septembe	
	female white WIDOWED	DIVORCED .	6/6/80	hebirthday) Mo	UNDER 1 YEAR IF UNDER 24 HRS Onths Days Haurs Min.
L	0a. USUAL OCCUPATION (Give kind of work dane) 10b. KIND O during most of working life, even if retired) HOUS 6W11 6		Baltimore	e, Md.	U.S.A.
	A FATHER'S NAME Henry Meister		Louise N	Muhlstein	
1	Yes, no or enknown) (if yes, give war or dates of service)		ry O'Neil	8807 Bradfor Silver Sprin	d Rd.
ſ	18. CAUSE OF DEATH [Enter only one cause per line for (a PART I. DEATH WAS CAUSED 8Y IMMEDIATE CAUSE (a) M O	· -	nbolisim		INTERVAL BETWEEN ONSET AND DEATH
		nomato	si's		& mo.
	gave rise to immediate cause (a), stating the under-	ry Aden	o-Carcinou	ia of rectu	in 10 mo.
1000	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIB 200 ACCIDENT WAS UNDERLYING 200 DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			aldisease condition given i	IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO 2
0.00	206 ACCIDENT WAS UNDERLYING 206 DESCRIBE HO OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		(Enter nature of injury in Pai		
70000		OCCURRED 20e. PLAC	E OF INJURY (Hame farm, ry, street, office bldg., etc.)	20f. (City or town)	(County) (State)
	21. I certify that lattended the deceased from alive an 1957	m Dec 24		v. /	it I last saw the deceased in the date stated above.
	ACTUAL SIGNATURE SIGNATURE	Sall.	1062	ODRESS (Street, city or town, state	
	PHYSICIAN'S GOOTGE L.	Ball	Silver	Spring Mg	Sept 20 1959
_	b性YYA * pecify) 9/23/59 C	edar Hill	Cemetery	2d LOCATION (City, lown, or co Suitland, Mo	i.
2	TIME OF BINDS IN	menith St.	200110		R'S SIGNATURE



FOR STATE HEALTH DEPT.

A

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is restrant, please execute the relicate, writing the word "pending" in pending is them, 18. Give Pages 1, 2, and 3 to the funer: Page 4 should be accorded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained a your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, ar remayal, and in any event, within 72 hours after death

VS. A15ME 5M 2/57

O

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist No. 1070F

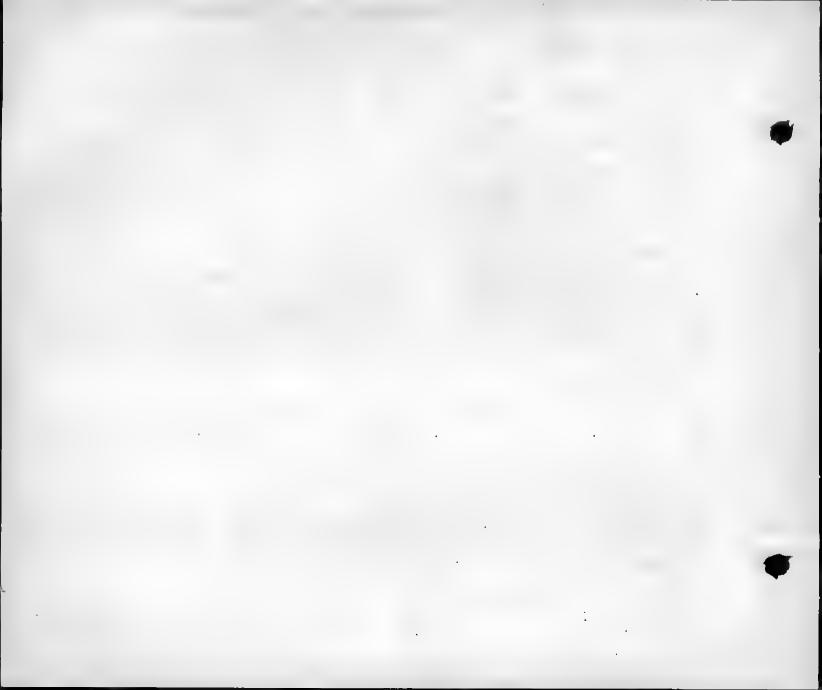
10456

	PLACE OF DEATH LUSOS				2 USU	2 USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission)					
	a. COUNIT	MONTGOMERY	o. ST	o STATE PENNSYLVANIA & COUNTY							
}	b. CITY OR TOWN	b. CITY OR TOWN Founds corporate mints, write RUPAL c EENGTH OF STAY IN 1b and give negrest (even)					c CITY OR TOWN (If outs de corporate limits, write RURAL and give nearest town)				
/	SII	VER SPRING		1 day		COPP	ERSBURG		7 4 4		
	d NAME OF HOSP	TAL OR INSTITUTION	(If not in hosp	ita , give street oddress)	d S1	REET ADDRESS				e S RESIDENCE ON A FARM?	
	10,020	MENLO AVENU	JE		B	OUTE #2				YES NO	
	3. NAME OF DECEASED	Fi	rst	Middle	-	Last	4 DATE OF	Month	Day		
	(Type or print)	FILI			PECHACE	K	DEATH	SEPT.	26	159	
	5. SEX	6 COLOR OF RACE	7. MARRIEI	D NEVER MARRIED] B DATE OF	BIRTH	9	AGE (In years lost birthday)	Months Doys	Hours Min.	
	FEMALE	WHITE	WIDOWED		1/6/80			79 711			
	100. USUAL OCCUPAT during most of work	ION (Give kind of work ing life, even if retired)	done 10b Ki	ND OF BUSINESS OR INC	OUSTRY 11. BI	RTHPLACE (Stote	or foreign cou	intry)	12 CITIZEN C	F WHAT COUNTRY?	
		HOTEL (RET	E	HOTEL	CZ	ECHOSLO	VAKIA	 _	U.S.	la .	
	JOSEPH JA	SEK					unk	nown			
Л	15. WAS DECEASED E	VER IN U. S ARMED FO		OCIAL SECURITY NO	7 INFORMAT	IT		Address			
	(Yes, no, or unsnown)		1	none	Miss At	gela Pe	chacek,	Route A	2		
	18. CAUSE OF DE	ATH Enter only one co	use per line f	or (o), (b), and (c).	. 21		Cop	persburg		TYAL BETWIEN ET AND DEATH	
	PART I. DE	ATH WAS CAUSED BY:	٨	Coronar	v ocelu	si on				sudden	
	420.1										
		Conditions, if any, which) (b)									
		gove rise to immediate cause ((a), stating the underlying (DUE TO									
course last. (c).									<u> </u>		
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINA, DISEASE CONDITION G VEN IN PART 1(0) 19. WAS								19. WAS AUTOPSY PERFORMED?		
U !	5	YES NO 🖺									
	PART II. O	NUSE WAS DITRIBUTING [Ob DESCRIBE	HOW INJURY OCCURRE	D (Enter notur	of injury in Po	rt I or Part II el	item 18.)			
				and a second and a second							
	20s. TIME OF INJ.		While	Not while	factory, street	URY (Home, for office bldg., etc	71, 120% (City o	r town)	(County)	(Stole)	
		that I took charge	e af the re	emains described o	bave, hel	d an Autap:	sy 🔲, Ins	pection 🕱.	Inquiry E	, and in my	
	opinion deat	resulted from:	Natural c	auses 🐔 , Accider	ot 🔲, S	uicide 🔲,	Homicide [, Undeter	rmined mann	er 🔲	
	ACTUAL 2	2	0		_		×11111.25 🗇			DATE SIGNED	
	SIGNATURE	rand for	12nd	nhant	M.D	HIEF MEDICAL E	_			/ oc / E D	
~	EXAMINER'S	RANK J. BRO	OSCHAR'	r		SSISTANT MEDIC EPUTY MEDICAL			9/	26/59	
		ON 226 DATE THERE		L 22c. NAME OF CEMETERY				ON (City, Iown, e		(Classes	
	REMOVAL (Specif	BURLAL 9/	30/59	CALVARY EM						(State)	
	23 JUNERAL DIRECTO	R'S SIGNATURE		ADDRESS		24a. REC	'D BY REGISTRA	POST PE	ENNS YT. VAI TRAR'S SIGNATU	RE	
	Kaymou	a to be at a	ING.	SILVER SPRI	NG, MD	DASEP	2 8 '59	adla	or S. Kines		
	May mou	LA LUSE	a.			10711					





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10458 CERTIFICATE OF DEATH 10487 Reg. Dist. No. PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) **b.** COUNTY MARYLAND CITY OR TOWN (If outside corporate limits/write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RNRAL and give nearest town) NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO Z NAME OF DECEASED Middle OF DEATH (Type or print) 195 5. SEX 6. COLOR OR RACE 8 DATE OF BIRTH 7. MARRIED NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS Months WIDOWED Z DIVORCED | 6 yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 12. CITIZEN OF WHAT COUNTRY: during most of working life, even if retired) 1150 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U. S. ARMED/FORCES 16. SOCIAL SECURITY NO. 1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c), MITERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stoting the underlying couse last. PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 17. WAS AUTOPSY PERFORMED? YES 🔲 NO 🕼 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of university Port I or Port II of item 18.1 20c. TIME OF INJURY Month, Day, Year 20d INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f (City or fown) (County) (Slote) foctory, street, office bldg, etc.] Hour o. m While Not while of work of work o. m 21. I certify that I attended the deceased from 195 Z, that I last sow the deceased If , and that depth occurred at 1 = P.M. from the couses and on the date stated above PHYSICIAN'S NAME (Type) 220 BURIAL, CREMATION, 274. DAJE THEREOF 22c NAME OF CEMETERY OF CHEMATORY 22d LOCATION (Chy town, or count) pode 246 REG STRAR'S SIGNATURE 24a. REC'D BY REGISTRAR VS A15 (4) 15M 10/57



D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Colling & Kraus

The Carlon A . \ .. * , et un it is it black a set it, it is

AL ADRTI,

92AX 2120A

12/12/

Home, Bethesda, Md.

Wolfeboro

24b. REGISTRAR'S SIGNATURE

arthur S. Krous

24d, REC'D BY REGISTRAR

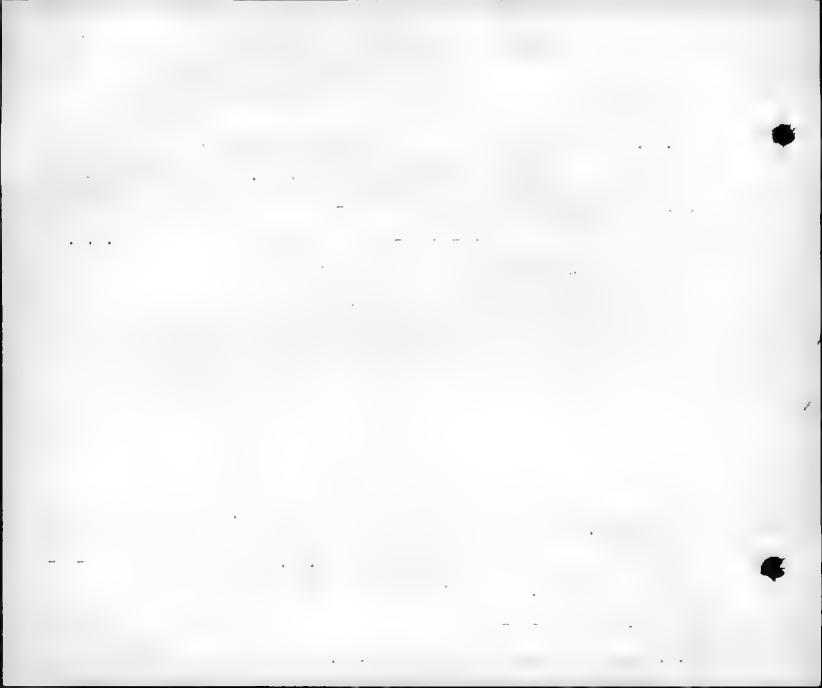
DATE SEP 21 '59

New Hampshire

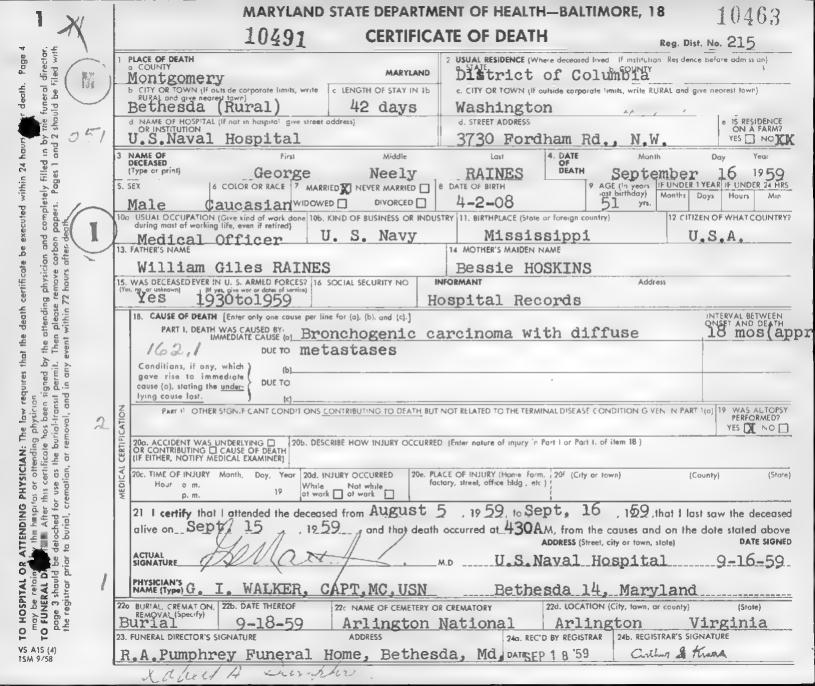
습 by the FUNERAL page 2 VS A15 (4) 1SM 9/58

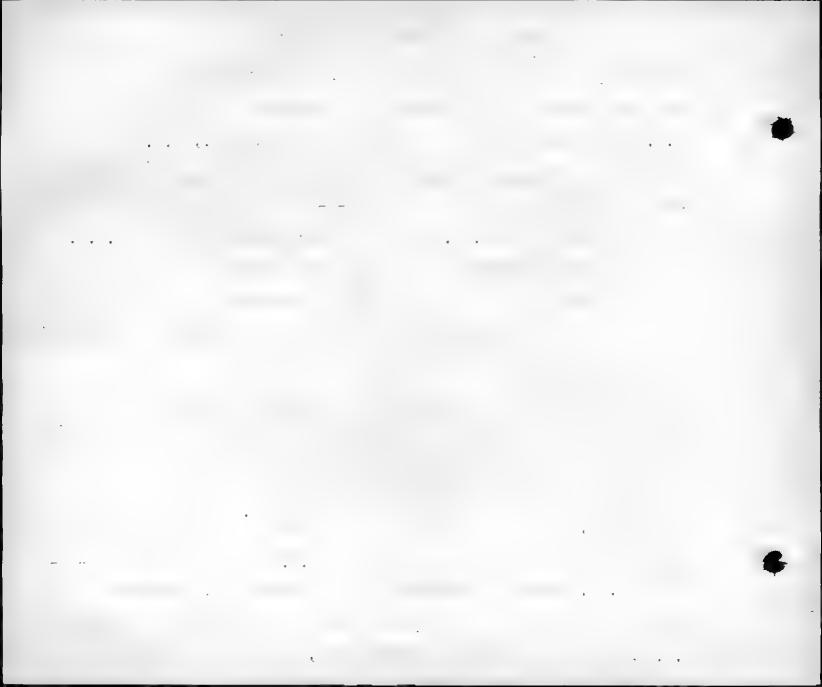
urial-Shipment

23 FUNERAL DIRECTOR'S SIGNATURE









ottending physician

page a snovia be detoched for use os the buriot-transit permit. Then please rei the registror priar ta burial, cremotion, ar removol, ond in any event within 72 l the haspital or attending physician. moy be retain.

TO FUNERAL DI ATOR: After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit TO HOSPITAL OR, ATTENDING PHYSICIAN: The

VS A15 (4) 1SM 9/SB

and completely filled in by the funeral director, bon popers. Pages 1 and 2 should be filed with requires that the death certificate be executed within 24 hours

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10492

CERTIFICATE OF DEATH

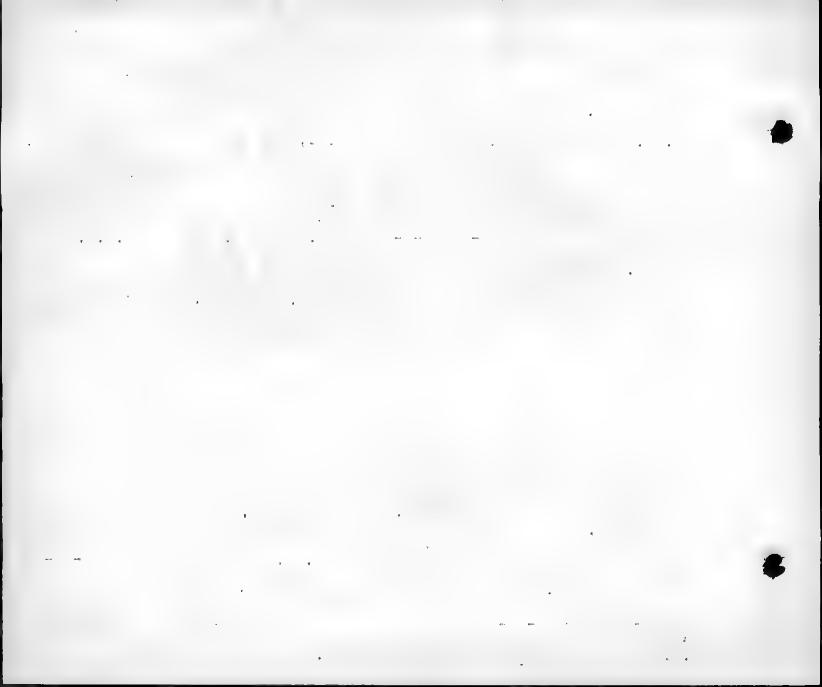
Reg. Dist. No. 215

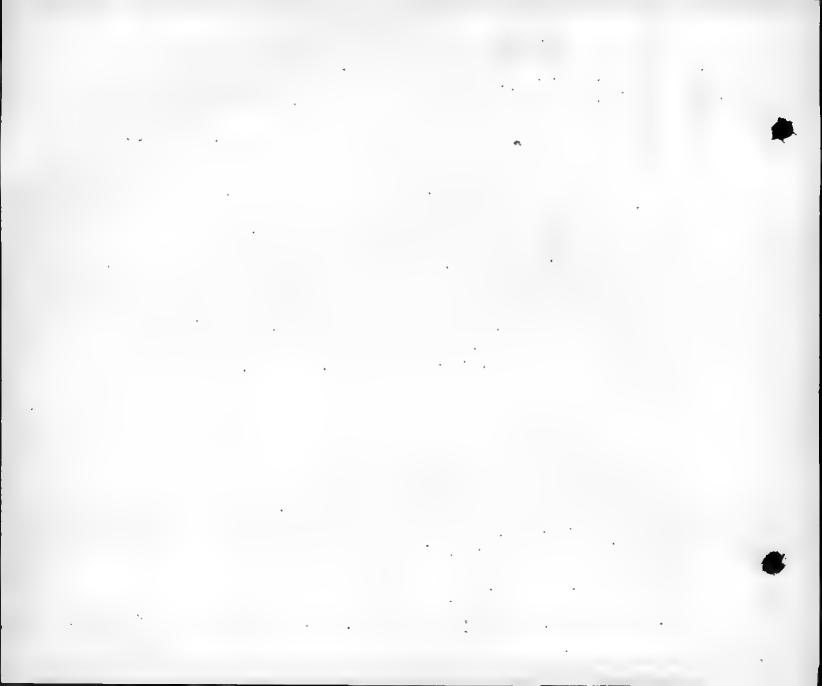
10464

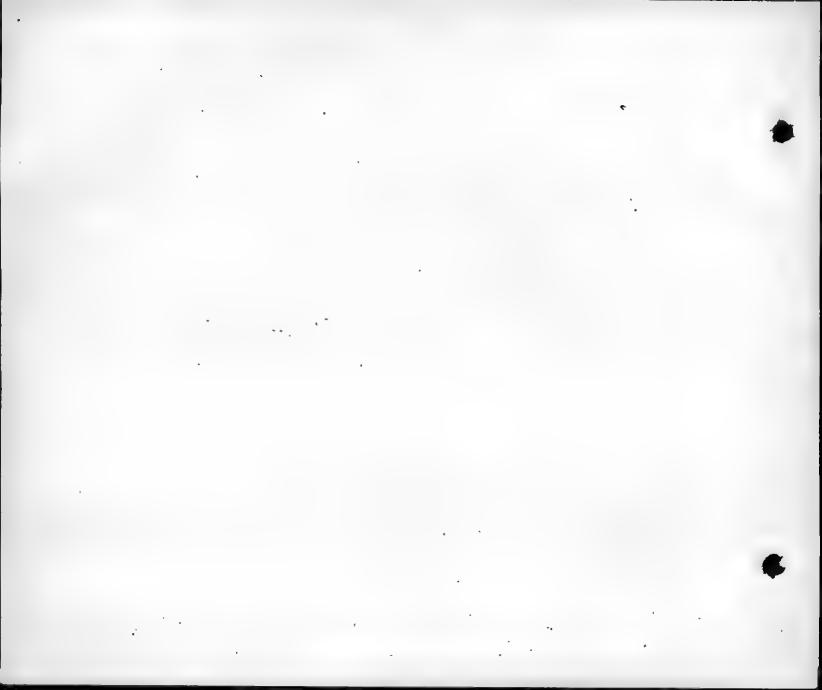
\ [PLACE OF DEATH		2. USUAL RESIDENCE (Wh	ere deceased lived. If institution Resid	lence before admission)
Н	Montgomery	MARYLAND	Maryland	Ann Arun	ndel v
	b. CTY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16		outside corporate limits, write RURAL an	
	Bethesda (Rural)	68 days	Annapolis		
	d. NAME OF HOSPITAL (If not in hospital, give street or INSTITUTION	oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	U. S. Naval Hospital		1202 Pres	ident Street	YES NO NO
Ī	NAME OF First	Middle	Lost	4. DATE Month	Day Year
	(Type or print) George	Perry	RASMUSSEN	DEATH Septembe	r 13 1959
ľ	S SEX 6 COLOR OR RACE 7 MARR	IED NEVER MARRIED	B DATE OF BIRTH	9 AGE (In years FUND	ER TYEAR IF UNDER 24 HRS
	Male ¢aucasian widowi	DIVORCED	9-23-99	last birthday) Months 59 yrs.	Days Hours Min
1	Co. USUAL OCCUPATION (Give kind of work dane 10b during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Store		ITIZEN OF WHAT COUNTRY?
	Mariner	U.S.Navy	Tennes	see	U.S.A.
	3. FATHER'S NAME		14. MOTHER'S MAIDEN N		0 8 10 10 10
	Robert Rasmussen		Martha Gr	iswold	
	S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (Yes, no, or unknown) (If yes, give war or dates of service)	SOCIAL SECURITY NO	NFORMANT	Address	Y Mana " W
	Yes WWI & II	(W	Mrs. Mary	A. Rasmussen,	same as #2
	18. CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (c) DUE TO Canditions, if ony, which gove rise to immediate cause (o), stating the under-lying cause lost. Part II OTHER SIGNIFICANT CONDITIONS C	ron chio geni	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION GIVEN IN P	PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	(Enter noture of injury in f	Port 1 ar Part II of item 18)	YES X NO
	Hour o m. While	NJURY OCCURRED 20e PL/ Not white of wark	ACE OF INJURY IHome, form fory, street, office bidg. etc.	, 20f. (City or town)	(County) (State)
1	ACTUAL SIGNATURE A. C. Johnson	9, and that death	accurred of 1:45	ept. 13, 1959hat I M, from the couses and an t ADDRESS (Street, city or town, stote) Naval Hospital da 14. Maryland	he date stated above. DATE SIGNED 9-14-59
ļ,					
1	20. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 9-16-59	22c NAME OF CEMETERY OF		22d. LOCATION (City, town, or county	
-	200	Naval Acade		Annapolis	Md.
	FUNERAL DIRECTOR'S CHATURE	ADDRESS		D BY REGISTRAR'S	
L	John M. Taylor & Son.	Annapolis. I	AND DATE SE	P 1 6 '59 arthur.	E. Kraus



		MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10405
		10494 CERTIFICATE OF DEATH Reg. Dist. No. 215
(em)		LACE OF DEATH COUNTY IONTGOMERY CUTY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL ond give necrest fown)
2 shauld be		RURAL ond give neorest town) Be the sda (Rural) NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION ON A FARM?
ond 2	3	J. S. Naval Hospital Rt. 6, Box 192 YES NOX
P ages		receased ype or print) Regina REYNOLDS DEATH September 17 1959
ers.	F	6. COLOR OR RACE 7 MARRIED NEVER NEVER MARRIED NEVER NEVER NEVER NEVER NEVER NEVER NEV
		during most of working life, even if retired) One No. Carolina U.S.A. ATHER'S NAME
havrs af		Leo D. REYNOLDS Willadean STURGILL
72 ho	(Yes	NAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. INFORMANT Address None withnown) (If yes, give wor or doles of service) None (F) Leo D. Reynolds, same as #2 above
traist permit. Then please real, and in any event within 72	CATION	INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (c) DUE TO Canditians, if any, which gave rise to immediate couse (c), stoting the under. Iying cause lost. Part II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE COND TION GIVEN IN PART 1(a) 19 WAS AUTOPS PERFORMED?
ar remay	CERTIFICAT	YES NO [20a. ACCIDENT WAS UNDERLYING CAUSE OF DEATH OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
rematian	MEDICAL	20c TIME OF INJURY Month. Day, Year 20d INJURY OCCURRED Hour o.m. 19 While of work of work 19 of work 19 Octory, street, office bldg. etc.)
a burial, a		21. I certify that I attended the deceased fram Sept. 9 , 159 , to Sept. 17 , 159 , that I last saw the decease alive an Sept. 17 , 1959 , and that death accurred at 2: 26 AM, from the causes and on the date stated above ADDRESS (Street, city at town, state) DATE SIGNI
Ild be d		SIGNATURE HOSpital 9-17-59
3 shaul gistrar	00	PHYSICIAN'S Harry L. WALTON, LT, MC, USN Bethesda, Maryland
page 3	BU 23 J	BURIAL CREMATION 226 DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL Specify ment 9-18-59 COVINGTON VIRGINIA LIVERLY SEPTIMENT ADDRESS 246. RECUB BY REGISTRAY 246. REGISTRAY 246. REGISTRAY SIGNATURE
(4) iB	R'.	A. Pumphrey Funeral Home, Bethesda, Md. DATE SEP 21 59







MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ON A FARM?

19 57

Min.

NO 2

(Stote)

(Stote)

Year

esary, please exe-Page 4 should be 24 haurs of Pages 1, 2 ag≡ 5 may MEDICAL 5M 9/55





TO FUNERAL DIRECTOR: The law requires that the death certificate be filed with the registrar within 72 hours after death. After this certificate has been executed by the attending physician and completely filled in by the funeral director, the third copy of this death certificate assembly should be detached for use as a burial transit permit.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10470

10499 CERTIFICATE OF DEATH

Reg. Dist. No...

	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED						
	county Montgomery Maryland	state Maryland county Montgomery						
	CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY (If outside corporate limits, write RURAL and give nearest town)						
	OR end give neerest town) TOWN Derwood (in this piece) Year	or Town Derwood						
,	HOSPITAL OR INSTITUTION OR	STREET (If rure) give location) ADDRESS						
\	STREET ADDRESS R.F.D. 1	R.F.D. # 1						
	3. NAME OF (First) (Middla)	(Last) 4. DATE (Month) (Day) (Yeer)						
- 1	(Type or Print) Edword Tan Dundan	OF						
	Edward Lee Runion	30pt. 00 1/03						
	S. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF							
	Male White Specify Married March	13 1894 65 yrs. Months Days Hours Min.						
	10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS 1	BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT						
J	done during most of working life, even N OR INDUSTRY	L'EOUSTR'A						
	REG LADOR PARMING	Virginio 14. MOTHER'S MAIDEN NAME						
	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME						
	David Runion	Anne Bixler						
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS						
	(Yas, no, qunk.) (If Yes, give wer or detes of zervice) Unknown	777 D: D						
	18. MEDICAL CERT	Hazel B. Runion Same As 2						
	1 DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION INTERVAL BETWEEN ONSET AND DEATH						
	(IMMEDIATE CAUSE (A) PREUMONI	36 6-13.						
	2110 20							
	ANTECEDENT CAUSE(S) DUE TO BY CALL ALL SC 14	cic /1 +14_						
	GIVING RISE TO THE ABOVE CALISE							
	STATING UNDERLYING CAUSE LAST. DUE TO							
	11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING							
0	TO THE DEATH BUT NOT RELATED TO THE	16 A J . I						
	DISEASE OR CONDITION CAUSING DEATH. /7 / / / / / / / / / / / / / / / / / /	20. AUTOPSY?						
	THE DATE OF OPERATION	YES NO						
	21a. ACCIDENT WAS UNDERLYING 21b. PLACE (Homa, form, factory, OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.)	c. WHERE DID INJURY OCCUR? (City or town) (County) (State)						
	OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bldg., etc.) (IF EITHER, NOTIFY MEDICAL EXAMINER)							
		II. HOW DID INJURY OCCUR?						
	M. et work to et work	<u> </u>						
	22. I hereby certify that I attended the deceased from Augul 2.	3. 19 5 9. to AMA 30. 19.51 that I last saw the deceased						
7	alive on Alph 27, 19.57, and that death occurred at.	5.45 A.M. from the causes and on the date stated above. 9/50/5 9						
4 ≥	SIGNATURE / 2 ">	ADDRESS (Straet, city, town, state) DATE SIGNED						
10 ^M	(1 11 mm = M 9 1, 12 m 10 m 7	30661 - 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
A15C 1-55	23. BURIAL, CREMATION, DATE THEREOF I NAME OF CEMETERY OR C	REMATORY LOCATION (City flown, or county) (State)						
Š	REMOVAL (SPECIFY)	(3000)						
	Burial Oct. 3 59 Parklawn	Rockville Md.						
5	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS						
	DATE OCT 2'59 Cally & King	Hoyaw Barber Laytonsville, Md.						
ı								

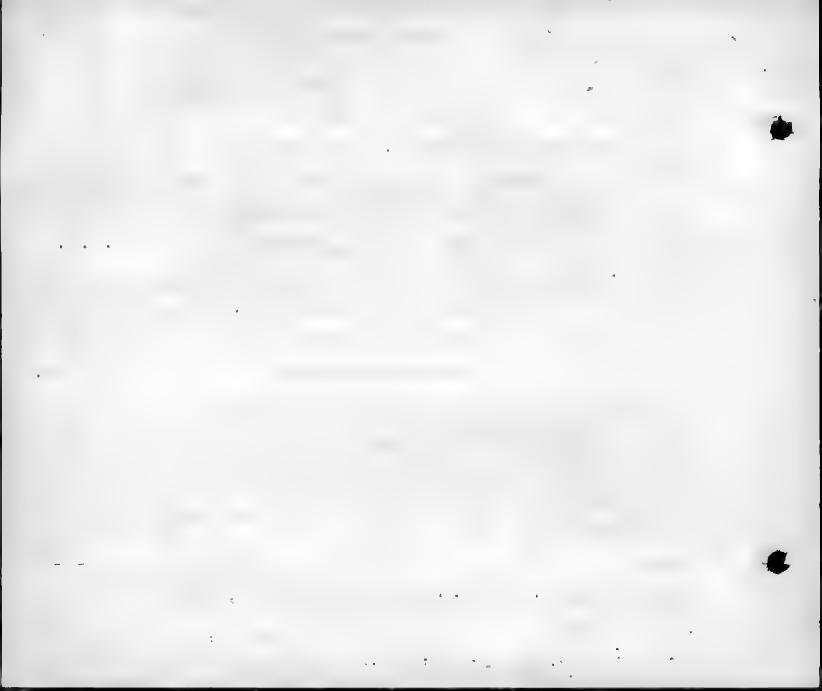


Red. Dist. No. 2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission Henrico Virginia c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Richmond d STREET ADDRESS e IS RESIDENCE ON A FARM? hill Lakewood Drive YES I NO 4. DATE Year DEATH Sawver September 1959 IF UNDER 1 YEAR IF UNDER 24 HRS 9 AGE (In years lost birthday) Doys Months Hours November 26. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11 BIRTHPLACE (Stole or foreign country) 12 CITIZEN OF WHAT COUNTRY **Virginia** U. S. A. 14. MOTHER'S MAIDEN NAME Jane Hudson The Clinical Center dedical Record No Bethesda ll. Maryland None IB CAUSE OF DEATH [Enter only one cause per line for (a) (b) and (c)] INTERVAL BETWEEN ONSET AND DEATH PART F. DEATH WAS CAUSED BY: Intracranial hemorrhage days IMMEDIATE CAUSE (0) DUE TO Acute lymphocytic leukemia The mos. Conditions, if ony, which gave rise to immediate DUE TO cause (o), stating the underlying couse lost. PART IF. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED? Meckel's diverticulum YES IN NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 206. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of Item 18.) 20c TIME OF INJURY Month. Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) Hour o. m factory, street, office bldg , etc.) Not while at work at work July 8 59 to September 2819 59 that I last saw the deceased 21. I certify that I attended the deceased from September ___, and that death occurred at 2:30 PM, from the causes and an the date stated above. ADDRESS (Street, city or lown, state) DATE SIGNED ACTUAL SIGNATURE 9-28-59 The Clinical Center National Institutes of Health PHYSICIAN'S S. Trier. M.D. Jerry NAME (Type) Bethesda ll. Maryland 220 BURIAL CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) 23. EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 240 REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE DATE OUT C-Stra & How

FUNERAL 9 VS A15 (4) 15M 10/57

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		5() CERTIF	IÇA	IE OF DEAT	П		Reg. Dist	. No.	
1. PLACE OF DEATH	Montgomery	MARYL	LI	USUAL RESIDENCE (Virgi		d lived. If institution b. COUNTY	n Residence Fair		sion)
b. CITY OR TOWN RURAL and give i	(If outside corporate limits, wr	ite c. LENGTH OF STAY IN	115	c. CITY OR TOWN (II	Foutside corpo	rate limits, write RL	RAL and go	ve nearest fow	n)
Bethesda		64 days		Falls Chu	rch	ė,	9		
d NAME OF HOSPI OR INSTITUTION	ITAL (If not in hospital, give st	reet oddress)		d STREET ADDRESS					SIDENCE A FARM?
	cal Center, Be	ethesda 14, Mo	1.	124 West	Marshal	1 Street			NO X
3. NAME OF DECEASED	First	Middle		Lost	4. DATE	Monti	1	Doy	Year
(Type or print)	Boyd	Frankli		Schaff	DEATH	September	er	8	19 59
5. SEX	6 COLOR OR RACE 7	MARRIED 🛣 NEVER MARRIED		DATE OF BIRTH		9. AGE (In years lost bothdoy)		YEAR IF UND	
Male	14 t - 1 - 4 - 5	OWED DIVORCED		November 5,		lost birthdoy) 49 yrs	MOBIES D	Poys Hours	Min
10a. USUAL OCCUPATI during most of wa	ION (Give kind of work done irking life, even if relired)	106. KIND OF BUSINESS OR	INDUST		_	ountry)	12 CITIZ	EN OF WHA	
Accountan	it	Government		North Ca				U.S.	, A.
13. FATHER'S NAME				14 MOTHER'S MAIDEN					
Neah L. S				Margaret					
15. WAS DECEASED EV	ER IN U. S. ARMED FORCES? (If yes, give wer or defect of vervice)	16. SOCIAL SECURITY NO		ORMANT The Me					
No		None	Th	e Clinical	Center	, Bethesd	a 14,	Maryla	ınd
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)]						INTERVAL BETWEEN ONSET AND DEATH		
PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (c) Shock (Clinical)								1 hr.35 min	
/34/ DUE TO									
Conditions, if any, which Cryptococcosis (lungs & brain)								3 mos.	
gove rise to Couse (a), stating									
lying couse lost									
PART II. OT	THER SIGNIFICANT CONDITIO	INS CONTRIBUTING TO DEAT	H BUT N	OT RELATED TO THE TER	MINAL DISEAS	E CONDITION GIVE	N IN PART	1(0) 19. WAS	AUTOPSY ORMED?
5 Lt su	bdural, subar								NO 🗌
20c TIME OF INJU	10 W	Od. INJURY OCCURRED Thile Not while work of work	Oe. PLAC focto	E OF INJURY (Home, for ry, street, office bldg., e	rm, 20f. (Cit)	or lawn)	(Co	ounty)	(Stote)
21. I certify to	21. I certify that I attended the deceased from July 6 , 19 59, to September 8 19 59 that I last saw the deceased								
	alive on September 8, 19.59, and that death accurred at 51.40 AM, from the causes and an the date stated above								
7)	ADDRESS (Street, city or town, state) ADDRESS (Street, city or town, state)								
ACTUAL CONTRACTOR	PACTUAL FL. A. A. T. A. C. A. C.								
	SIGNATURE OF HEALTH								
PHYSICIAN'S NAME (Type)	Vincent T. An	driole, M. D.				Maryland			
220 BURIAL CREMATIC	ON, 22b. DATE THEREOF	22c NAME OF CEMET	ERY OR			IION (City, town, pi	county)	(5to	te)
REMOVAL (Specify	lead 10 195	(G/ A		'-'	2	1-10	16-7	4. 7/2	,
23. FUNERAL DIRECTOR		ADORESS			C'D BY REGIS	RAR 245. REGIS	RAR'S SIGN	ATURE	ipar .
C. P. 2	ele moso.	arlengton	, 7n	DATE	CED 11	7E0 _		14	
			, ,		SEL	38 I. C	Thung P	The state of	

may be retained. The haspital ar attending physician.

TO FUNERAL DIF R. After this certificate has been signed by the attending physician and campletely filled in by Tuneral director, page 3 shauld detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. IO HEIPITAL BR VS A15 (4) 15M 10/57

er death. Page 4

ATTEMBING MYSICIAN: I'm law requires that the death certificate be executed within 24 hours



VS. A15ME(5) 5M 9/55

MEDICAL

DEPUTY

23 FUNERAL DIRECTOR'S BIGNATURE ADDRESS ADDRESS 240. REC'D BY REGISTRAR

ADDRESS DATE SEP 3 0 '59

SEP 3 0 '59 Cirthy & Kine

246. REGISTRAR'S SIGNATURE



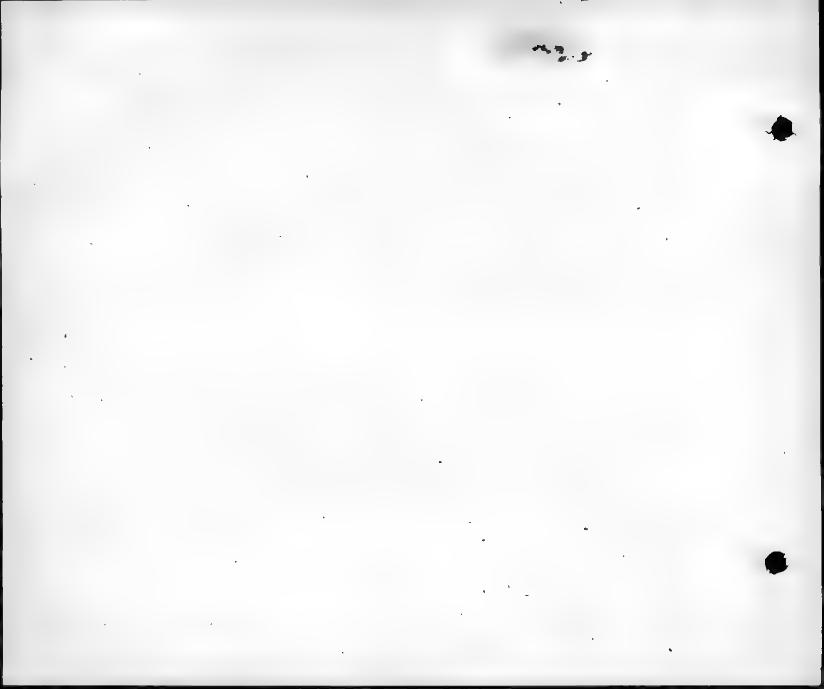
		CERTITION	TE OF BEATTI	Dist. No.					
	1. PLACE OF DEATH o. COUNTY								
	May TGOns. 64	MARYLAND	Macy land	b. COUNTY AL.	MICHARRY				
	b CITY OR TOWN (if outside corporate limits/write c, L	ENGTH OF STAY IN 16	c. CITY OR TOWN (If outside co						
	RURAL and give nearest town)	16 d .	17 Taromai						
	d, NAME OF HOSPITAL (If not in hospital, give street addre	ss)	d. STREET ADDRESS	73·K·.A_	e. IS RESIDENCE				
	OR INSTITUTION Washing Text SEEN ITARIL	MAHLED.	7809 Gar	land 1.0	ON A FARM?				
	3. NAME OF First	Middle	Lost 4. DA1	E Month	Day Year				
	(Type or print)	Ellen	5-1 1600 OF	-14.7 ***	16: 19 35				
	5. SEX 6. COLOR OR RACE 7. MARRIED	/ /	B DATE OF BIRTH	9 AGE (In years IF UND	ER I YEAR IF UNDER 24 HRS				
j	Fin le White WIDOWED		11-13-119	lost birthday) Month	s Days Haurs Min				
	10c. USUAL OCCUPATION (Give kind of work done 10b. KIND		7 7 7 7		ITIZEN OF WHAT COUNTRY?				
Н	during most of working life, even if retired)		PENNG.		11 8				
	13. FATHER'S NAME	***	14. MOTHER'S MAIDEN NAME		14., 3.				
	- lihr L. Zimmerma	,	51 /	17.1					
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI		NFORMANT	Address					
	(If yes, give wer or dates of service)		H1. 10.7.1	Raman					
	IB. CAUSE OF DEATH [Enter only one couse per line for	1-3 (1-3 - 4 1-3 3	116 - 1111111	1 5 3-0-1 C(2)	INTERVAL BETWEEN				
	PART I, DEATH WAS CAUSED BY:	(a), (b), and (c).)			ONSET AND DEATH				
	IMMEDIATE CAUSE (a) + MANTI ON								
	154X DUE TO		1		1 month				
	Canditions, if any, which (b)	len Trai	1416		10,1110,1111				
	couse (a), stating the under-	a . m' 1 m/ > /	of Rocking a	Matratasi	- 1-9 4 PATS				
	Iying cause lost (c) C O Y	CITIONIS (NOT RELATED TO THE TERMINAL DIS	EASE CONDITION GIVEN IN P	ART 1/g/ 19. WAY AUTOPSY				
	PART II. OTHER SIGNIFICANT CONDITIONS CONTI	CIBOLINO TO DEATH BOT	NOT REDATED TO THE TERMINACOUS	ASE CONDITION STREET HAT	PERFORMED?				
	20g ACCIDENT WAS LINDERLYING TO 20h DESCRIBE	HOW INTERV OCCUPRE	D. (Enter nature of injury in Part 1 or	Port II of item IR.)	1 LES [] MO []				
	20g. ACCIDENT WAS UNDERLYING ☐ 20b DESCRIBE ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH ☐ (IF EITHER, NOTIFY MEDICAL EXAMINER)	THOU IN TOWN COLUMN	s. Jennes motore at mijory in constrain	7011 11 01 110111 1217					
	V///)	OCCURRED 20e PL	ACE OF NJURY (Home, farm, 20f. (City or town)	(County) (State)				
	Hour o.m. While	Not while for	tory, street, office bldg , etc.)	City VI 10/10)	(main)				
		at work		1/					
	21. I certify that I attended the deceased f		5. , 19.5 %, to Chell	4	last saw the deceased				
	alive of 140 - 195 y	, and that Beath	accurred at 2 5 M, ft.	m the causes and an t	the date stated above				
	ACTUAL Tole Mel 10 10 50	a face of			alili C				
	SIGNATURE VILLE VI	MMOUS-	w.o. Topping U	aux, m					
	PHYSICIAN'S WILLYED W	Eastm	0n		,				
	220. BURIAL, CREMATION 225 DATE THEREOF , 22c	NAME OF CEMETERY O	R CREMATORY 22d/90	CATJON (City, Jown, ar count	y) (State)				
	1340 LACT 1552 19/20/59 1	sion Union	Cimeliny 150	eleponte R.D	L Census				
	23 FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 01 1 1 1	G. REC'D BY REC	GISTAR 246. REGISTRAR'S	SIGNATURE				
	gunhar Wallers, 254 Car	rali 126-NO-K	SELL A C. DATSEP 17'	59 Clathur St	Huma				

may be retain by the Laspital or attending physician.

TO FUNERAL DIMCTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, cremation, ar removal, and in any event within 72 haurs offer Geath. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hauss TO HOSPITAL OF

VS A15 (4) 15M 9/5B

r death Page 4





MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 have may be retained by the haspital or attending physician.

TO FUNERAL DESCRIPE. After this certificate has been signed by the attending physician and campletely filled in page 3 should be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and the registror priar to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 15M 9/5B

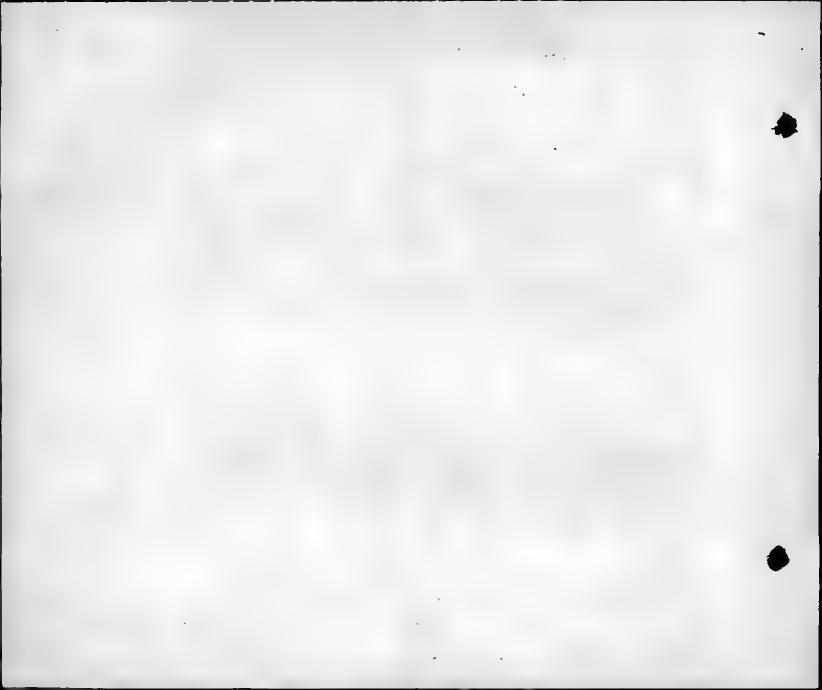
100	10366	CERTIFICA	ALE OF DEATH	Reg. Dist.	No
	1. PLACE OF DEATH file off and	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	b. COUNTY	before admission)
	b. CITY OR TOWN (If ourside corporate limits, v RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c CITY OR TOWN (If outside corp	porate limits, write RURAL and/giv	e nearest town
7/-	d. NAME OF HOSPITAL (If not in hospitot, give OR INSTITUTION LECSHI) 15/12 / STAIL	ta you to their tal	15 33 Sligo	live.	e. IS RESIDENCE ON A FARM? YES NO 19
	3. NAME OF DECEASED (Type or print)	Fand.	Jost 4. DATE OF DEAT	H Sept	Day Year 30 1959
	fresult tiles 4 w	DOWED DIVORCED	8. DATE OF BIRTH 8 3	lost birthday) Months D	YEAR IF UNDER 24 HRS. ays Haurs Min.
/-	10a. USUAL OCCUPATION (Give kind of work dank during most of working life, even if retired)	Own Home	STRY 11. BIRTHPLACE (Stole or foreign	Country) 12 CITIZE	N OF WHAT COUNTRY?
1	Transfellus Dons		14. MOTHER'S MAIDEN NAME	95	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES (Yes no. or unknown) (If yes, give war or dates of sensor	1 /	shorakin Santo	Address + HESP	Hold Foron 4
2	OR CONTRIBUTING CAUSE OF DEATH	Moute Con Myocarda Generalize ONSKONTRIBUTING TO DEATHBUT	A alercoses NOT RELATED TO THE TERMINAL D SEA	estimated Listing ASE CONDITION GIVEN IN PART ort II of item 18.)	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	Hour a.m.	20d, INJURY OCCURRED 20e. PE While Nat while of wark of wark	ACE OF INJURY (Home form 20f (Citary, street, affice bldg., etc.)	ity ar tawn) (Co	unty) (State)
1	21. I certify that I attended the decolive on 9-30- ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) N. C. Sho	eceased from 9-30 1959, and that death wake MD	77.2	199, that I lost the causes and on the (Street, city or town, state) Soving Brive Soving Ma	
	20. Burial, CREMATION, 226. DATE THEREOF Burial 10/3/59	Parklawn C		ATION (City Www, or county)	
3.	Robert A. Pumphrey	Bethesda, Ma	ryland DATE OCT 5/2	istrar 24b REGISTRAR'S SIGN	



1/7	MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18	
W. Y	MEDICAL EXAMINER'S CERTIFICATE OF DEATH	10479
· Sa is //	3503 1t 4,15 Film 248 9-16-59 et Reg. Dist	
should l	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceated lived. If institution: Residence of COUNTY)	e before admission)
를 # 5 M	Montgomery MARYLAND MURYLAND MENTY	omary
Poge buriol	b. CITY OR TOWOTH outside corporate limits, write RURAL and g	ive nearest (gwn)
Post of but of	Bethesda. DOA 1999 hatavette Driv	· e
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
dire.	Suburban Silver Spring.	YES 🔲 NO 🔀
delo ral c ilror	3. NAME OF First Middle Last 4. DATE Month OF	Day Year
you when you	(Type or print) Alexander John Singer DEATHS opt Alle)	19.5%
T for a	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF SIRTH 9. AGE (n years four britishop) Months De	YEAR IF UNDER 24 HRS.
with the	WIDOWED DIVORCED 1991/923 3 Gyrs.	
	100. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZE during most of working life, even if retired)	N OF WHAT COUNTRY
i g o i	Mechanic Government District of Columbia	
5 C -	13. FATHER'S NAME	
4 hours ages 1, 3e 5 mo poges 1	B. Aleyander 2 inger Callahan	
Po Ba	15. WAS DECEASED EVER IN U. S. ARMED, FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) 11/1/10 the year of black (Service)	
THE STATE OF THE S	Yes 19441189949 147-18-23441 Moso/PP Dinger about	
Fwith mit.	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
n 18	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) CERTAINING CECENICAL	1/2 hr
xec Iten nsit	4 DUE TO	
or time	Conditions, if any, which (b)	
ould b pencil olong burial	gove rise to immediate couse (a), stating the underlying DUE TO	
of so o	couse tost. (c)	
a : 12 %	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I	1(o) 19. WAS AUTOPSY PERFORMED?
Hifico nding sed	3 History of previous Coroning desired	YES NO Q
certifi pend iner s	Too. EXTERNAL CAUSE WAS 200. BESCRIBE HOW INJURY OCCURRED. (Enter of injury in Port 1 or Port 11 of item 18.) CAUSE OF DEATH.	
This rad of the state of the st		
She we	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. [City or texm] (Count foctory, street, office bldg., etc.] White Not white of work of work 1	ly] (Stote)
MIN g the edio		
P P P		, and find tha
O Siele	death resulted from: Natural causes 📈, Accident 🗌, Suicide 🔲, Homicide 🗍, Undetermined cause 🗍.	
2		DATE SIGNED
B F E	SIGNATURE SELECT SACRET M.D. CHIEF MEDICAL EXAMINER	
AL Val.	EXAMINER'S ASSISTANT MEDICAL EXAMINER C	73
EPUTY of the garded warded UNERAL	NAME (Type) FLANK V. Drosch 2LT DEPUTY MEDICAL EXAMINER & 9-8	7
D 2 2 2 2 7	270. BURIAL CREMATION, 127b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county)	(Stote)
5 . 5 .	Buriai 9/11/59 Parkiawn Nockville, Maryi	
VS. A15ME(5)	23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS 246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE TYSON Wheeler-1331 E. DANKE 1 AVMA DATE SEP 1 1 '59 Calling I I	
EN BASS	Tyson Wheeler-1331 E. BOONTS 11 AVE DATESEP 11 '59 Continual of	raud

VS. A15ME(5) 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18



& CO., 3001 12th ST., NE, WashDC DEP 1 8 '59

Arlington

24g. REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

Virginia

9 VS A15 (4) 15M 9/5B

Burial

23 FLNERAL DIRECTOR'S SIGNATURE





1 1

VS. A15ME(5) 5M 9/55

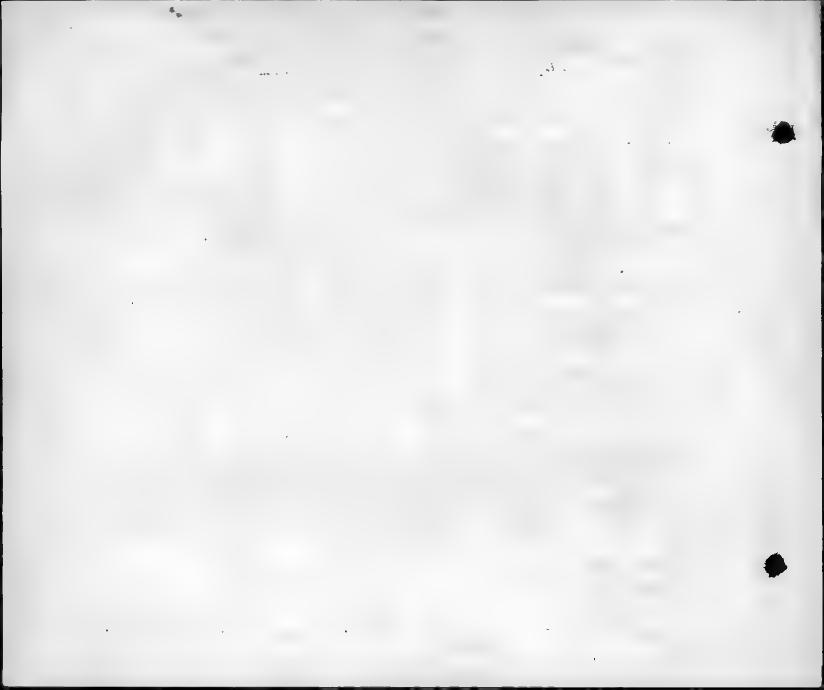
F 2 2	
executed within 24 haurs after death. It any delay recessary, please executed 18. Give Pages 1, 2, and 3 to the funeral dil. Page 4 should be it farm PM3. Page 5 may be retained for your files.	STOL STOLE
executed within 44 nouts orier death. If any delay in form 18. Give Pages 1, 2, and 3 to the funeral difficum PM3. Page 5 may be retained for your files:	
executed within 24 havis after death. It any delay in form 18. Give Pages 1, 2, and 3 to the funeral di. ith form PM3. Page 5 may be relained for your files.	
The f	900
nd 3 to	3
2, all	200
ages 1 ge 5 m	CCC
inin k	Ľ
18. F. M.3	E
execution the farm	-

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 10508

10482

1. [PLACE OF DEATH	Montgomery			MARYLANG		i residenc		sed lived. If inst b, COUN		nce befo	vre admi	uion)
t	o. CITY OR TOWN (M and give present town) SILVET		RURAL	e. LENGTH (OF STAY IN 16	e. Cr	or town Balti	•	porate limits, wri	te RURAL and	give ne	arest to	wn)
		u orusummon d ear Burling		_	et address)		LO3 .	ir Cak	Λve			ON	SIDENCE A FARM?
1	NAME OF DECEASED (Type or print)	Fin Carl		۸ Lee	Aiddle Smoo	t	Last	4. DATE OF DEATH	Moi Sent	-	Day 4459	Y 1	ear 9
	m-le	6. COLOR OR RACE White	WIDOWED	D on	VORCED 🔲	April	13,	1920 19 £ X	9. AGE (In years less burstiday) 39 yrs	IF UNDER	1YEAR Days	Hours	Min.
10a	. USUAL OCCUPATIO luring most of working LINCK C	ON (Give kind of work of the life, even if retired)	ane 10b, Ki	ND OF BUSIN	NESS OR INDU	STRY 11. BII	THPLACE (S	tole or foreign of	country)	US		WHAT	COUNTRY?
13.	Roy 0. S	Smoot					ella						
15. (Yes		R IN U. S. ARMED FOI (If yet, give war ar dates of a		OCIAL SECUI	/858 17.	Doris	*.	6103	Addre Fair Oak				-
	PART I, DEAT	ny, which) (b)	Муо	cardial	d (0) l Infar cclusio						ONSET	ANG DE	
NO		(c).	ITIONS CO	ATRIBUTING		NOT RELATE			E CONDITION G	IVEN IN PARI	1(0) 19		
CERTIFICATION	Collapsed while driving truck which ran into tel. pole. 200. EXTERNAL CAUSE WAS PRIMARY D or CONTRIBUTING CAUSE OF DEATH. No evidence of injury PERFORMED? YES G. NO COLLABOR. PERFORMED? YES G. NO COLLABOR. YES G. NO COLLABOR. No evidence of injury												
MEDICAL (20c. TIME OF INJUR How o. m. p. m.	Y Month, Day, Yea	20d. IN		RRED 20e. PL		JRY (Home, I	form, 20f. (Cit)	y or lown)	(Cou	nty)		(Stote)
	21. I certify that I took charge of the remains described above, held an Autopsy . Inspection , Inquiry , and find that death resulted from: Natural causes . Accident , Suicide , Homicide , Undetermined cause .												
	ACTUAL SIGNATURE SIGNATURE FY	renk J. Gro	<u>B</u>		hank	AS	SISTANT ME	L EXAMINER DICAL EXAMINE TAL EXAMINER	R 🗆	9/14,	/59	DATE S	CEMBI
	Burial (Specify)	22b. DATE THEREO			FCEMETERY O	A 1	Park	22d. LOCA	TION (City, town	10	d.	(Slok	*)
23.	funeral directors Leonard	s signature J. Ruck 5	305 1	Harfo.	nd Rd			SEP 1 6		Distrar's sig	4 .		



death: Page

te lea nece la detre

MARYLAND	STATE	DEPARTMENT	OF I	HEALTH-	BALTIMO	RE, 18	
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10484

0510	CERTIFICATE	OF DEATH
24725 2 33		

Reg. Dist. No.

)	PLACE OF DEATH COUNTY MONTGOMERY MAI	RYLAND -	2 USUAL RESIDENCE OF STATE		e deceased I	ived If institution	n: Residence b		nissian)	
	b CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town)	Y IN 1b			side carpora	le limits, write RL			own)	
ۍ	SOLNEY 2 DAYS		. C-12	Norwa	oop Ro	AD				
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION		d. STREET A					e. IS	RESIDENO	CE AS
	MONTGOMERY COUNTY GENERAL HOSPITAL	INC	SILVE	ER SPRI	ING				□ NO	
	3 NAME OF First Midd	le	Las		4. DATE	Mont	h	Doy	Yeor	
	OFCEASED (Type or print) MICHAEL L	.EON	SNOWCI	EN	OF DEATH	SEPTE	MBER	13	19	59
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR	RIED KK	B. DATE OF BIRTI	Н	9.	AGE (In years	IF UNDER 1 YE			
	MALE NEGRO WIDOWED DIVORCE	ED 🔲	9/11/9	59		last birthday) yrs.	Months 20)	A Hay	rs M	in.
	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of working life, even if retired)	OR INDUS	TRY 13 BIRTHPE	ACE (State or	foreign covi	ntry)	12. CITIZEN	OF WH	AT COU	NTRY?
			M/	ARYLANI	D		US.	A		
	13. FATHER'S NAME		14. MOTHER'S	MAIDEN NA	ME					
	CHARLES E. SNOWDEN		J,	ACQUEL	INE JO	HNSON				
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY N	iO. 17 IP	NFORMANT			Addre	258			
			Ho:	SPITAL	RECOR	DS, C	LNEY,	Mo.		
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and	1-1			-			NTERVAL		
	PART I. DEATH WAS CAUSED BY I Remakerity of Immy liverty ONSET AND DEATH									
	7651 Been B									
	Canditions, if any, which) (b) a trial	Canditions, if any, which) " Ka tial stellecture of lunes								
	gave rise to immediate DUE TO	- C. Sel.			0	7				
	couse (a), stating the <u>under-</u> lying cause last.									
	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY									
ř	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D 206 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER							PER	FORMED X NO	17
	206 ACCIDENT WAS UNDERLYING A 206 DESCRIBE HOW INJURY OR CONTRIBUTING CAUSE OF DEATH	OCCURRED). (Enter natura a	f injury in Par	rt I ar Part II	of item 18.)				
	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED While Not while of work of work	20e PLA	CE OF INJURY	Hame, form,	20f. (City or	r tawn)	(Coun	ty)	(51	tate)
	Hour a.m. While Not while : p, m, 19 at wark at wark	Tac	tory, street, office	Diag., elc]						
	21. I certify that I attended the deceased fram, SEPT	EMBER	11 19 59	ta SE1	PTEMBE	R 13.59	that I last	SOW 45	a doc-	nasad
	alive an, 19, and that death occurred at 10:25P M, from the causes and an the date stated above.									
	ADDRESS (Street, city or town, state) DATE SIGNED									
	SIGNATURE - Meadon L		И.D							
	PHYSICIAN'S NAME (Type) G. F. MEADORS M. D.		DA1	MASCUS.	. MARY	LAND				
	220 BURIAL CREMATION, 225. DATE THEREOF 22C. NAME OF CE				2d. LOCATIO	N (City, Jawn, a)	county)		tote)	
	REBUTATE (N) 9/16/59 Mt. Z				Book	eville,	Ma.	(5	-,	
	23. FUNERA DIRECTOR'S SIGNATURE ROCKV11	la V	A .	24a. REC'D			RAR'S SIGNA	TURE	,	
	Rokert Ti Snowder "	To b	T. 0	DATE SEP	2 9 '59	Chi	thun # 16	ented		
- 6								C		

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ADDRESS

24a RÉC'D BY REGISTRAR

246 REGISTRAR'S SIGNATURE

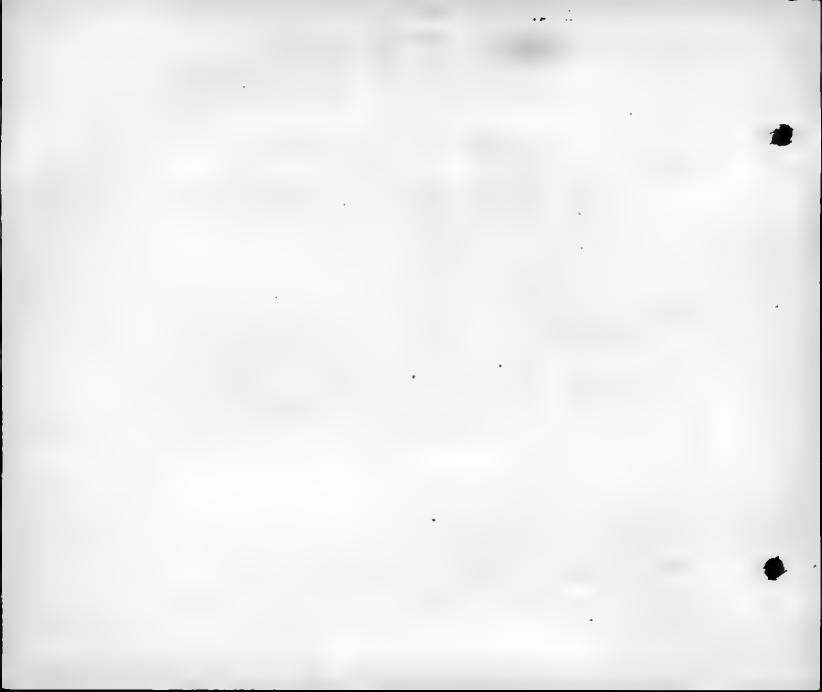
AS VIS (4)
12 MOSPITAL
AND TO HOSPITAL
AND TO FUNERAL
12/01 MS 10/21

TEMOVAL*(Specify)

FUNERAL DIRECTOR'S SIGNATURE

death.

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VS. ATSME(5) 5M 9/55

	~ ~~		MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Diat. No.
shaufd cremati	图)	1, 1	LACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission on STATE 3. COUNTY MARYLAND O. STATE D. COUNTY D.
Page 4 burial, c		b	CITY OR TOWN (If outside corporate limits, write RURAL and give hearest town) and give necess town)
resson			Clarke this Court 21 4m X Clarke for (Bural)
in it	* .	ľ	NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) A. STREET ADDRESS ON A F. YES OF THE PROPERTY OF
delo ser al de ser al de		3.	PAME OF First Middle Lost 4. DATE Month Day Year MCCASED
fune fune or ya regii		5. S	Type or print) Cilbert Casemir Somers DEATH Sleft 22 19.
= 4 = = = = = = = = = = = = = = = = = =		3. 3	handle and the second of the s
eoth 3 to viff		10a	USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (State or foreign country) 112, CITIZEN OF WHAT COL
offer of pond be re		d	pring most of working life, even if retired) 1.8.9000 Tellined N. 1.
2 6 7 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8	I	13.	FATHER'S MAIDEN STAME
ဥ္မမ္းတို့		10	Peter Somoracki Rosalia Hodnidska
in 24 re Pag Page File Pr			WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT One of enthrown) (If you, give wor or delea of service)
		H	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN
18. 18. 8. 2. 8. 2.	:		PART I. DEATH WAS CAUSED BY:
ecut ferr ferr sit p			420.1 DUE TO
e cirilia Farit			Conditions, if any, which)
ind b			gave rise to immediate couse (a), stating the underlying DUE 10
2 d d m	;		couse last. (c)
ifreate ding" i		CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMING TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUT PERFORMED TO THE TERMINAL DISEASE CONDITION GIVEN TO THE TERMINAL DISEASE CONDITION
his ceri d'pen ominer		CERTIF!	20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I ar Part II of item 18.)
the war		MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (S Hour o. m. P. m. 19 at work at work at work
Mec.			21. I certify that I took charge of the remains described above, held an Autopsy 🔲, Inspection 😿, Inquiry 📝, and find
Collice of the Collic	:		death resulted fram: Natural causes
WEDIC.	2.		ACTUAL SIGNATURE THE DISCHART M.D. CHIEF MEDICAL EXAMINER
the central	DADE:		EXAMINER'S FLANK J. BOSELEL & DEPUTY MEDICAL EXAMINER \$ 9-22-59
	<u> </u>	22a.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, town, or county) (State)
F		23.	Burial 9/26/59 Panklaun Rockville, Md.
VS. A15ME(:	5) `		Olin & Molesunth Damascus, Md. DATEP 28'59 Cotton & Kings

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

10486

e. IS RESIDENCE ON A FARM? YES NO Year

1959

Reg. Dist. No.

Day IFUNDER TYEAR IF UNDER 24 HRS.

BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
N. I.	91-55
OTHER'S MAIDEN NAME	
Rosalia Hodnidska	2
ANT Address	,
Somera (with)	ten 2
	INTERVAL BETWEEN ONSET AND DEATH
Custon	Sudden
APPA PA PA SALARA	
ATED TO THE TERMINAL DISEASE CONDITION GIV	PERFORMED?_
	YES NO
ure of injury in Part I ar Part II of item 18.)	
NJURY (Home, form, 120f, (City or town)	(County) (State)
et, office bldg., etc.)	(Connik) (2:0:e)
in the second se	6 1 17 1 12 1 4 1
	Inquiry , and find that
, Hamicide , Undetermined c	ause [].
CHIEF MEDICAL EXAMINER	DATE SIGNED
ASSISTANT MEDICAL EXAMINER	
DEPUTY MEDICAL EXAMINER (7)	- 22-59
TORY 22d LOCATION (City, town, c	
Rockvill	**
	TRAR'S SIGNATURE
· DATISEP 28 '59 Cat	hun & Kinesa



10519

CERTIFICATE OF DEATH

10487

iH		T091S	CEKTIFICA	TIE OF DEATH	Reg. Dis	t. No.
-		PLACE OF DEATH COUNTY TO MENY	MARYLAND	2 USUAL RESIDENCE (Where deceded	sed lived. If institution: Residence b, COUNTY	e before admission)
	ı	o. CITY OR TOWA (It outside corporate limits, write RURAL and give nearest town)	2 0 days	c. CITY OR TOWN (If autside con	porate limits, write RURAL and g	ive nearest town)
7 .	7	d. NAME OF HOSPITAL (If for in hospital, give street as OR INSTITUTION CANCENS A	UHSING HOME	5315 CONN.	Ave. N.W	IS RESIDENCE ON A FARM? YES NO
		NAME OF DECEASED (Type or print)	Middle	DA-ULLING DEAT		Doy Year 3 190 9
	5. 5	MIDOWE		4 - 21 - 188	2 lost burlhday) Manths	Doys Hours Min.
		1011	esl Estate	Mass	cauntry) 12. CITIZ	USA-
ン		Albert Spauld	ing.	No Ha	201.6UHN	
	TS (Yes	WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. no orthogon) (If yes, give wor or dates of service)	17-44-153	18 My F. Spaul	ding Some a:	s 2: (W.f.
		18. CAUSE OF DEATH [Enfer only one couse per lin- PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) DUE TO	e for (o), (b), and (c) Per	epiratory Co	eliper	ONSET AND DEATH
		Conditions, if any, which gove rise to immediate couse (a), stating the under-lying couse lost.	Cardioc	hlors die	enl	
0	CATION	PART IL OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	L CERTIFI	200 ACCIDENT WAS UNDERLYING 200 DESC OR CONTRIBUTING 200 CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	CEnter nature of injury in Part or I	art of item 18.)	
	MEDICAL	20c. TIME OF INJURY Month, Day, Year 20d IN Hour a.m. While p. m. 19 at work	Not white foo	CE OF INJURY (Home, form, lory, street, office bldg , etc.)	ity or town) (C	aunty) (\$fote)
		21. I certify that I attended the decease alive an	-0	accurred at 12 A.M. from	195 Ithat I la	st saw the deceased date stated abave
ı		ACTUAL MICE	Lega.	M.D. Waltry	(Street city of towns state)	Belleke
1		PHYSICIAN'S TO THE PHYSICIAN'S NAME (Type)	MGTTI	152 N	10.	
		BURIAL, CREMATION, 226 SATE THEREOF	22c. NAME OF CEMETERS OF	rove	Med Tord	Mass
	23	FUNERAL DIRECTOR'S SIGNATURE CO.	1400 Chapi	N SY NY DATE SEP 4		

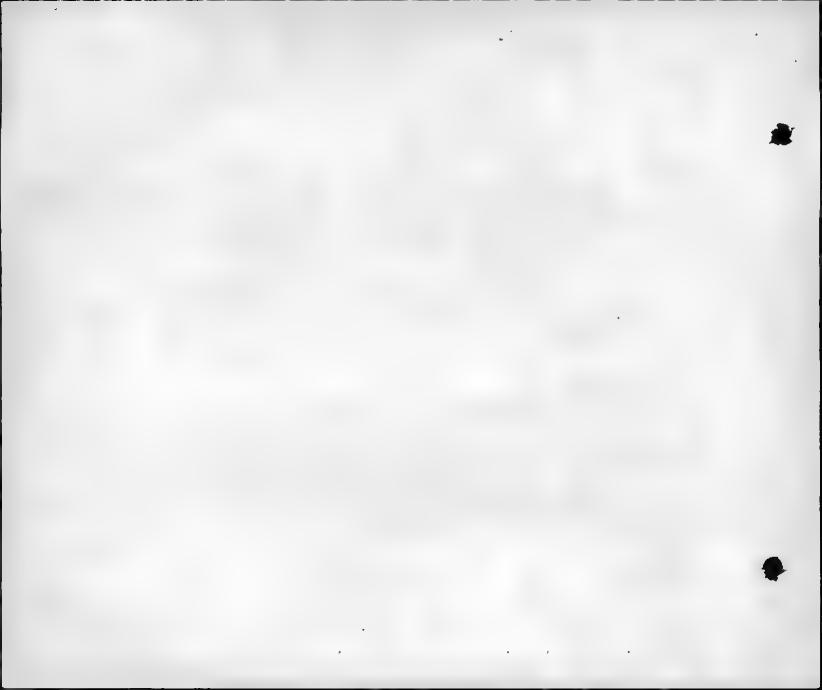
death Page 4 may be retained the haspital or attending physicion.

TO FUNERAL DESCRIPE: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detoched for use as the buria-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, at remayal, and in any event within 72 hours after death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hour

VS A1S (4) 15M 9/SB



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



VS A15 (4) 15M 9/5B

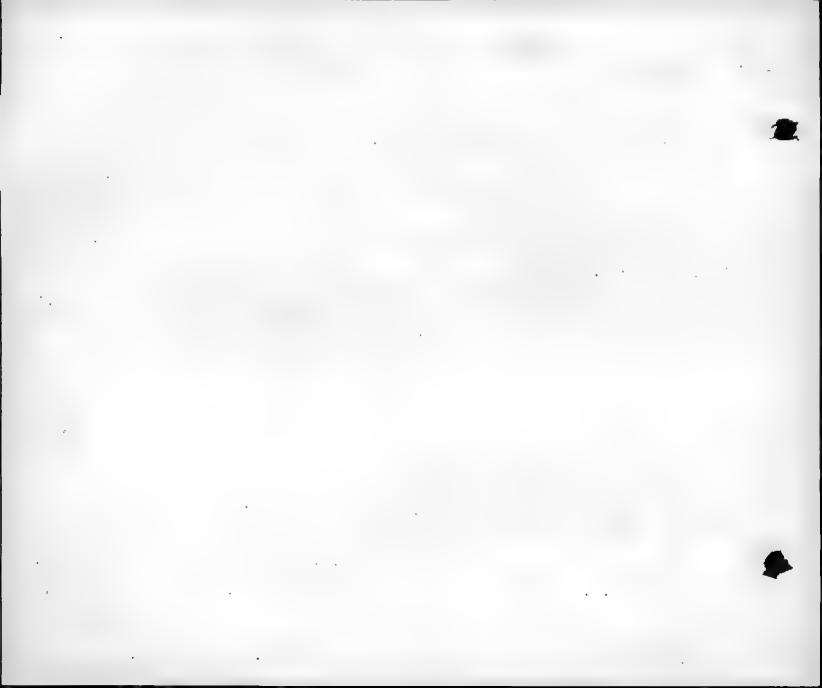
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10514

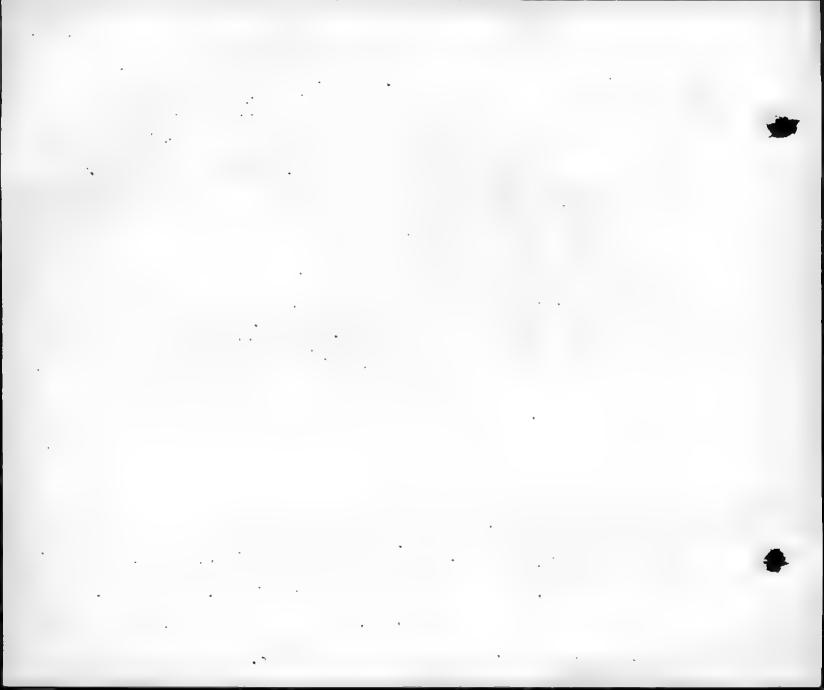
CERTIFICATE OF DEATH

10489

L		7003	46.0	CERTI	FICAI	E OF DE	AIR		R	teg. Dist. N	о.	
	PLACE OF DEATH d. COUNTY Monta	go ery		MARY		USUAL RESIDEN a. STATE Marv			. COUNTY			
		if outside corporate limi	ts, write	c. LENGTH OF STAY	IN 1b	c CITY OR TOW		orporate lin		AL and give n		
1	Bet	thesda		26 Hr	s. X	Bet	hesda _					
,	OR INICTIVITION	'AL (If not in hospitol, g Suburban				d STREET ADDI	RESS				ON	SIDENCE FARM?
<u> </u>						7819 78	- V - V -		Rd.] NO [4
	NAME OF DECEASED (Type or print)	Fir	s.ř	Middle	0.	Last	4. DA	ATH	Month		ay	Year
ŀ	5. SEX	6. COLOR OR RACE	7. MADD	IEDY NEVER MARRIE		ATE OF BIRTH	02		Ser (In yeon If	UNDER TYEA	R IF UND	18 4 HRS
	to	White	WIDOWE	NE-		15/81		lost	birthdoy) N	Inths Bays	Hours	Min
Ţ	Female USUAL OCCUPATION	DN (Give kind of work i	done 10b				(State or fore)	12. CITIZEN C	F WHAT	L COUNTRY?
1	Homemake	king life, even if retired) are		wn Home		Brook	kalaman N	ew Yo	rk		II S	٨
1	3. FATHER'S NAME				1	4. MOTHER'S MA	IDEN NAME		in militar		-	1
	John						uis e	Funk				
	5. WAS DECEASED EVE	R IN U.S. ARMED FOR (If yes, give war or dotes of the		SOCIAL SECURITY NO	. INFO	RMANT			Address			
2	NO			None		hter) M	rs El	ean_o	- Howe			
1		NTH [Enter only one co TH WAS CAUSED BY,	use per lin	e for (o), (b), and (c).		-/		//			TERVAL BI	
1		IMMEDIATE CAUSE (o)	100	720	27 -d-6	No die	Z				
ı	Candiday 1	DUE TO	1/3	. / .// .			6	. /		6.		
	Conditions, if a gave rise to i	mmediate (Due To		and a	الم المريد		11	z //	our			
	lying couse lost.	the <u>under-</u>				0	0					
	PART II. OTH	HER SIGNIFICANT CON		ONTRIBUTING TO DE	ATH BUT NO	T RELATED TO TH	ETERM NALDI	SEASE CON	PITION GIVEN	IN PART 1(0)	PERFO	AUTOPSY DRMED?
	PART II. OTH	AS UNDERLYING DEATH MEDICAL EXAMINER)	20b DESC	CRIBE HOW INJURY O	CCURRED. (inter noture of in	ury in Port I o	r Port II of 1	tem 1B)			
	20c. TIME OF INJUR	Y Month, Day Yes		JURY OCCURRED	20e. PLACE	OF INJURY (Home, street, office bid	e form, 20f.	(City or tow	n)	(County	1)	(State)
1	Hour e.m	19	While of work	Not while	locioty	, sileer, office bit	ig, etc.)	,			3	
1	21. I certify th	at I attended the	decease	ed fram	015	1. 19591	a9/	30	19\1 Ah	at I last so	w the d	deceased
1	alive an	-29-	_, 19.5	5, and that	death oc	curred at_/	M, fr	am the c	auses and	an the dat	le state	d abave.
1	a crusal	124	\ '	/		d. 1	ADDRE	SS (Street, ci	ty or town, sto	ote)	P/DA	TE SIGNED
1	ACTUAL SIGNATURE	F. M.	*<	yar		1106 1	14-felle	- grad	JE K	Kyr f	120	
	PHYSICIAN'S NAME (Type)	77:				/	Telh	est	T, M	~ {		
	220. BURIAL, CREMATIO	N. 225. DATE THEREC	F	22c. NAME OF CFM	ETERY OR C	REMATORY	22d L	OCATION (lity, town, or e	county)	(Sto	fe)
1	REMOVAL (Specify)			Mt. Oli	vet C	em.	Qu	eens	Count	4-3		rk
_	B FUNERAL DIRECTOR	s signature Pumphrey.	Ro+	hesda, Ma	a President		RECEDENT R	CISTBAR	24b. REGISTR	AR'S SIGNAT		
'n	POLICE A.	r amburel,	Der	meaua, M	агагя	D/	ATE /					







VS A1S (4) 15M 9/58

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

10492

<u>-2.00</u>	<u> </u>				Keg. Dis	ir, No.
1 PLACE OF DEATH a. COUNTY A MATERIAL CONTRY		MARYLAND	2 USUAL RESIDENCE (W) a. STATE ATACYLA	nere deceased lived,	If institution Resident	te before admission)
b CITY OR TOWN (If autside carporate RURAL and give nearest town)	lamits, write c LENGTH 28	OF STAY IN 16	COCK I'LL	nutside carporate lim	uls, write RURAL and g	ive nearest tawn)
d. NAME OF HOSPITAL (IF not in haspite or institution SUBLICE BANK	al, give street address)		SCUTH LA	un (A)	ne:	e IS RESIDENCE ON A FARM? YES NO 🔯
3. NAME OF DECEASED (Type or print)	First	Middle	STEWART	4. DATE OF DEATH	Manth Cy	Day Year 13 1959
	CE 7 MARRIED NE	/ER MARRIED	8 DATE OF BIRTH	last	(In years IFUNDER birthday) Manths	TYEAR IF UNDER 24 HRS. Days Haurs Min.
10a USUAL OCCUPATION (Give kind of widering most of working life, even if ref	ark dane 10b. KIND OF B	USINESS OR INDU	STRY 11. BIRTHPLACE (Stale	ar foreign country)		ZEN OF WHAT COUNTRY
KAILROAD LABORE	R RAILA	2090	14 MOTHER'S MAIDEN			U.S.A.
TS. WAS DECEASED EVER IN U. S. ARMED	STEWART		F-RAI.	CIS V	ONES P	TCKU, 110.M
(Yes, no, or unknown) (If yes, give war or date	s of service)		MMA THO	NIPSON) 62 W.	C. // C. /. /
18. CAUSE OF DEATH Enter only on PART I. DEATH WAS CAUSED I IMMEDIATE CAUS	BY Comment	of, and (c)]	Pront to	ilur		INTERVAL BETWEEN ONSET AND DEATH
Canditions, if any, which	(b) A 26	air-	Cerotie.	40		Jus
lying couse lost.	(c)				1.1.	<u> </u>
PART II OTHER SIGNIFICANT OF CONTRIBUTING II CAUSE OF DESTRUCTION OF CONTRIBUTING II CAUSE OF DESTRUCTION OF CONTRIBUTING III CAUSE OF DESTRUCTION OF CONTRIBUTION OF CONTRIBUT	a como	1. the	12-res Zo	ECE IN	cka player	PERFORMED?
20c TIME OF INJURY Manth, Day,	Year 20d INJURY OCC While Not wat work at work	hile fcc	ACE OF INJURY (Hame, form	20f (City or law	n) (C	County) (State)
21. I certify that I attended	the deceased fram		. 19 57 , ta 9	-13	., 1927,that I la	st saw the deceased
actual SIGNATURE	seletet 14	and that death	accurred at Q	M, from the co	auses and an the	date stated above DATE SIGNED
PHYSICIAN'S NAME (Type)						
220 BJRIAL, CREMATION, 22b. DATE THE REMOVAL (SPICIFY) 9/18,	A	e of cemetery o		Rooky	ille, Md.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDR	55	1 2 3 - 101	D BY REGISTRAR	246. REGISTRAR'S SIG	- 4 -

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6.

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	Reg. Dist. No.
1. PLACE OF DEATH o. COUNTY	2 USUAL RESIDENCE (Where deceased lived If institution Residence before admission) o STATE
MCATC-CA 124 MARYLAND	Bacyland b. county
b. CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1b	c CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)
RURAL and give nearest town)	1/2 Agum
d. NAME OF HOSPITAL (If not in hospital, give street address)	d, STREET ADDRESS e. IS RESIDENCE
OR INSTITUTION	d. STREET ADDRESS 6. IS RESIDENCE ON A FARM? YOUR TO NOT THE STORY OF
NAME OF First Middle	
DECEASED (Type or print) G/ENN Thoma:	4. DATE Month Doy Year OF DEATH 9 19 30
SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HR lost birthday) Months Doys Hours Min
Male W WIDOWED DIVORCED	6-11-1904 55 m.
 USJAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS during most of working life, even if retired) 	STRY 11. BIRTHPLACE (Stole or foreign country) 12. CITIZEN OF WHAT COUNT
ENCINITR - U.S. GENETT	North Carolines U.S.H.
FATHER'S NAME	14 MOTHER'S MAIDEN NAME
JOHN STILES	Mattie Johnson
WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17 IN	NFORMANT Address 1/2 A CON CO. 1 4 1 1 1
	1R5 Rull Siles 332/ 11.11/2 il
18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]	INTERVAL BETWEEN
PART I, DEATH WAS CAUSED BY. HELL A PROPERTY OF	ONSET AND DEATH
330 X DUE TO	DUBLING CONSIDERS INTO MINISTRE - SUDDE
Conditions, if ony, which } (b)	
gove rise to immediate (
lying couse lost.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19 WAS AUTOPS PERFORMED? YES NO F
20. ACCIDENT WAS INDERSONED TO 20. DESCRIPE HOW BUILDING OCCURRED	(Enter nature of injury in Part I or Part II of item 18.)
COR CONTRIBUTING COLORED CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	
5 Hour o, m. White Not white Por	ACE OF INJURY (Home, farm, 20f (City or town) (Caunty) (Statetory, street, office bldg., etc.)
p. m. 19 of work of work	
21. 1 certify that I attended the deceased from	
7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7	man Alice St. St. St.
alive an, 19.2, and that death	accurred at 32 A.M. from the causes and an the date stated about
ACTUAL AND WALLEY	ADDRESS (Street, city or town, state) DATE SIG
SIGNATURE A CALL GOTTAL CALL	40. 1/2 (CC) 2041 27/16 brack 1221 7/1
PHYSICIAN'S NAME (Typo) Decen It theresting	
129 BURIAL CREMATION, 224. DATE THEREOF 220 NAME OF CEMETERY OF	REPENATORY / 220 LOCATION (Cay, town, or county) (Stole)
REMOVAL IS DECITY HOLD 22-59 / Helicatery	11 + 1 / 1/1 / 1
vec-	Lacional Wellington pergetta
FUNERAL DIRECTOR'S SIGNATURE ADDRESS A	246. REC'D BY REGISTRÂR 246. REGISTRAR'S SIGNATURE
I WELLEVE JAKE GERAL	DATE OND OUT 159

may be retained the haspital or attending physician.

TO FUNERAL OR: After this certificate has been signed by the attending page 3 shaw the fetached far use as the burial-transit permit. Then please retainer prior to burial, crematian, ar remaval, and in any event within 72, TO HOSPITAL OR VS A15 (4) 15M 10/57

2 should be filed with

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haun



75.2 p 8.3

ir death' Page 4

may be retained by the hospital or attending physician.

TO FUNERAL IN 108: After this certificate has been signed by the attending physician and campletely filled in by funeral director, page 3 shoulding detached for use as the burial transit permit. Then please remove carban papers. Pages 1 and 2 should be filed with The please remove carban papers. Pages 1 and 2 should be filed with The registrar prior to burial. Tremation, or manaval, and in any avent within 72 hours, after death.

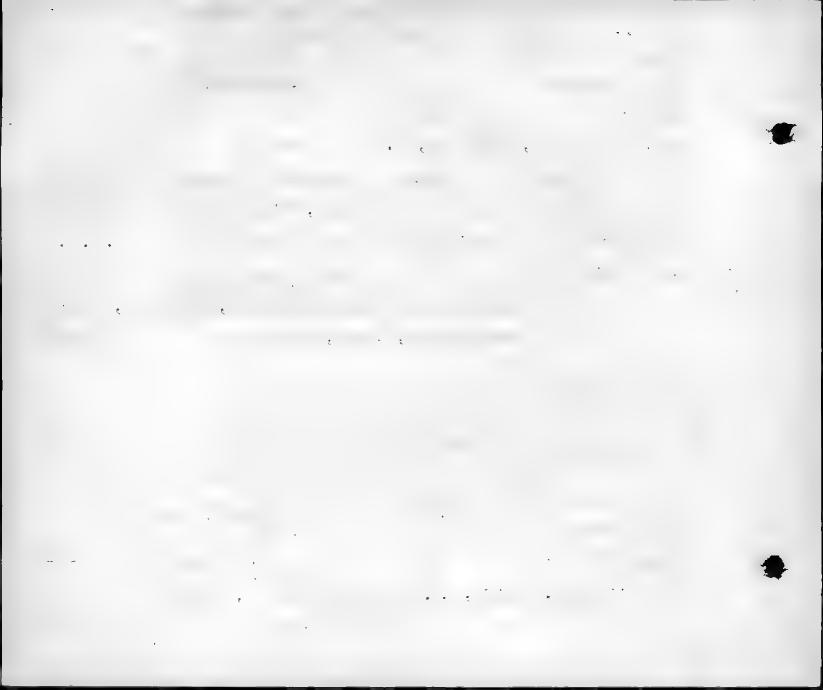
VS A15 (4) 15M 10/57

TE HOSPITAL OR ETTENDING PHYSILIAN: The low requires is the disast certificate be executed within 24 hours

CERTIFICATE OF DEATH

Pan	Dist.	M-

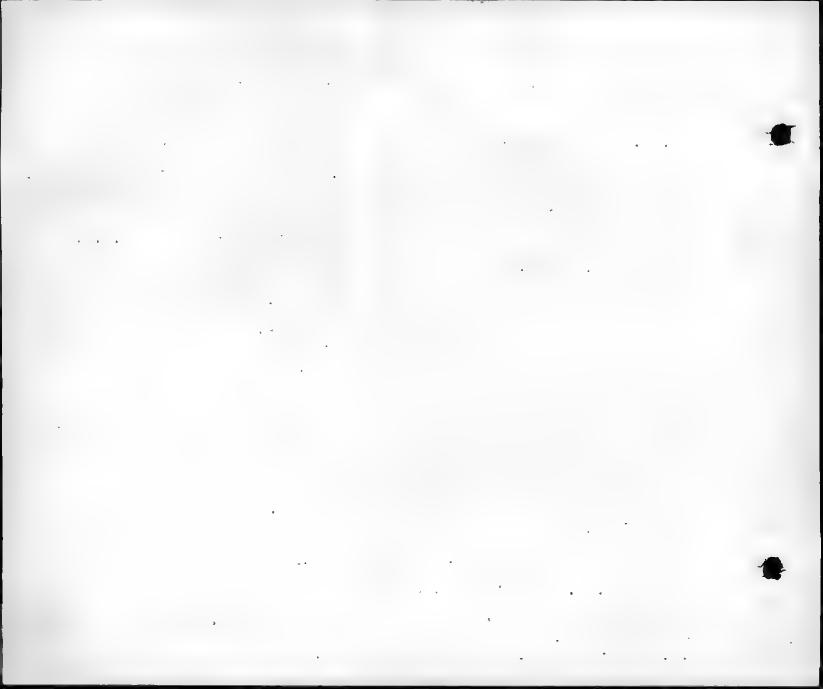
	70010			I/O	eg. Dist. No.
1. PLACE OF DEATH a. COUNTY			2. USUAL RESIDENCE (W	here deceased lived If institution	Residence before admission)
	ontgomery	DANSANI		Carolina	phr.
b CITY OR TOWN (I	If outside corporate limits, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside corporate limits, write RURA	L and give nearest town)
Bethesda	cores remy	71 days	Sened	·A 1/	e'
d NAME OF HOSPIT	'AL (If not in hospital, give street		d. STREET ADDRESS		e. IS RESIDENCE
	cal Center, Bet	hesda Il. Mi.	Route	4 1.	ON A FARM? YES NO THE
3 NAME OF	First	Middle	iost	4 DATE Month	Day Year
DECEASED (Type or print)	Christine	Mabell	Swafford	OF DEATH September	27 19 59
5. SEX	6. COLOR OR RACE 7 MAR		B DATE OF BIRTH		UNDER I YEAR IF UNDER 24 HRS
Female	White WIDOW		March 3, 192	last birthday) Mi	onths Days Hours Min.
	ON (Give kind of work dane 10b.		STRY 11 DIPTHPLACE (State	or foreign countril	12. CITIZEN OF WHAT COUNTRY
during most of worl	king life, even it refired)				
Textile Wo	rker	extile Industr	y South Car		U. S. A.
George Col			Minnie Si		
(Yes, no or unknown)	R IN U.S. ARMED FORCES? 16 (If yes, give wor or dates of service)	SOCIAL SECURITY NO 17		lical Record Address	
no	Unas	certainable	The Clinical	Center, Bethesda	14. Maryland
	TH [Enter only one couse per li	ne for (a), (b), and (c).]			INTERVAL BETWEEN
PART I. DEA	TH WAS CAUSED BY: Ade	mecarcinoma, P	rimary, Left	Lung	4 Months
162.1	DUE TO				
Canditions, if a	ny, which)				
gave rise to i	mmediate (
lying cause lost.	the <u>under-</u> (c)				
Z PART II. OTH		CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITION GIVEN	IN PART 1(a) 19 WAS AUTOPSY
ATIO	•		*	ATTENDED CONTINUE CONTENT	PERFORMED?
200. ACCIDENT WA	S UNDERLYING TO 205 DES	CRIBE HOW INJURY OCCURRE	D. Ifotos police of journ jo	Prof. Lor Port II of item 38.3	YES 🔼 NO 🗌
PAIT II. OTH	S UNDERLYING 20b. DES CAUSE OF DEATH MEDICAL EXAMINER	conde more model occord	co true notice of inforty in	rair i or rair ir or tiem to.;	
		NJURY OCCURRED 20e. PL	ACE OF INJURY (Home, form	Loss Let	
20c. TIME OF INJUR	While	Not while fe	ctory, street, office bldg., etc	i, 1207 (City or lown)	(County) (State)
		k at work			
21. I certify th	at I attended the deceas	ed from July 18	, 19 <u>59, Ia Se</u>	ptember 2719 59,11	nat I last saw the deceased
alive an Sep	tember 27 19	59 , and that death	occurred at 2:00	PM, fram the causes and	on the date stated above
	. 1 1 - 1	*		ADDRESS (Street, city or town, state	DATE SIGNED
ACTUAL SIGNATURE	17/2 duite	Durp	The Cli	nical Center	9-28-59
	* /		Nations	1 Institutes of	Health
PHYSICIAN'S NAME (Type) VI	ncent T. Andrie	ole, M.D.		a lu. Maryland	27-012-011
22a. BURIAL CREMATIO	N. 22b, DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (City, fown, or co	untul (State)
TOMOVAL (Specify)		OCONE	Mem. Byt	Sene	C PAI
23 FUNERAL DIRECTOR	S SIGNATURE	LUADDRESS NA DIN	1. 5 + N/240. REC		R'S SIGNATURE
W.W Ch	ambers 60, 1	TOO CHENNY		100	
		., ., .,	DATE	<u> كين (59 1 20)</u>	my of thous



certificate be

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

10495



	10520	CERTIFICA	AIL OF DEATH	R	leg. Dist. No. 215
1	PLACE OF DEATH a. COUNTY	44.894.4416	a STATE	ere deceased fived If institution b_COUNTY	Residence before admission)
	<u> Montgomery </u>	MARYLAND	Florida	Pinell	las
	 b. CITY OR TOWN (If autside corporate limits, write a L RURAL and give nearest town) 	LENGTH OF STAY IN 15	c. C TY OR TOWN (IF or	ulside carporate limits, write RUR	AL and give nearest tawn)
	Bethesda (Rural)	6 days	Clearwate	r 4	•
	d. NAME OF HOSPITAL (if not in hospital, give street addre	ess)	d STREET ADDRESS		e IS RESIDENCE ON A FARM?
	U. S. Naval Hospital		608 Mariv	a Ave.	YES NO
3.	NAME OF First DECEASED	Middle	lasi	4. DATE Month	Day Year
	(Type or print) Louis	Francis	THIBAULT	DEATH Septemb	per 16 1959
5.		NEVER MARRIED [B DATE OF BIRTH		UNDER 1 YEAR IF UNDER 24 HR
	Male Caucasian WIDOWED	DIVORCED [8-28-85	last birthday) N	Aanths Days Hours Min
100	USUA, OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)		STRY 11 BIRTHPLACE (State of	ar fareign country)	12 CITIZEN OF WHAT COUNTRY
		S. Navy	Connec	ticut	U.S.A.
13.	FATHER'S NAME		14. MOTHER'S MAIDEN N	AME	
	Nelson J. THIBAULT		Mary DEM	PSEY	
5		IAL SECURITY NO	NFORMANT	Address	,
14.10	Yes WWI & II	(W)Mrs. Haze	l P. Thibault	t. samwas #2
-	18 CAUSE OF DEATH [Enter only one cause per line for	r (a), (b), and (c).			INTERVAL BETWEEN
	PART J. DEATH WAS CAUSED BY: Carc.	inona br	conchosenic	with metrat	CARA ONSET AND DEATH
	162.1 DUE TO			7	
	Canditians if any which \				
	gave rise to immediate (, 2,5	A CONTRACTOR OF THE PARTY OF TH		
	couse (a), stating the under-		22		
2	PART II. OTHER SIGNIF, CANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(0) 19 WAS AUTOPS
TATION.	Mary as				PERFORMED? YES NO
CERTA	200 ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D (Enter nature of Injury in P	fart I ar Part II of Item 18.)	
AEDIC A	Haur a.m. While	Not white fo	ACE OF INJURY IHame form ctary, street, affice bldg , etc.		(County) (State
-	10.00		0 10 50 . 5	ent 16 ,50	ot I lost saw the deceose
	21. I certify that I attended the deceased folive on Sept. 16	**************************************	6 10 P	CDOTTED! INS'IN	of I lost saw the deceose
	olive on Sept. 16 19 59	, and that death		M, from the causes and ADDRESS (Street, city or town, sto	on the date stated obave
	ACTUAL TANKER OF THE	1 ()			
	SIGNATURE	2nan ya	M.D. U.S.	Naval Hospita	コエ フーエ/ ニン

requires that the death certificate be executed within 24 hou and campletely filled ottending physicion haspiol or attending physicians. removal, ATTENDING PHYSICIAN: The CTOR: page 3 should may be retor TO HOSPITAL the registrar

2

220. BURIAL, CREMATION, REMOVAL (Specify) BUX121

Whe funeral å.

Ē

VS A15 (4) 15M 9/5B

- ADDRESS

22c. NAME OF CEMETERY OR CREMATORY

.J.LINEHAN, JR., LCDR, MC, USN

Arlington National 24a REC'D BY REGISTRAR

Bethesda, Maryland

22d. LOCATION (City tawn, ar county)

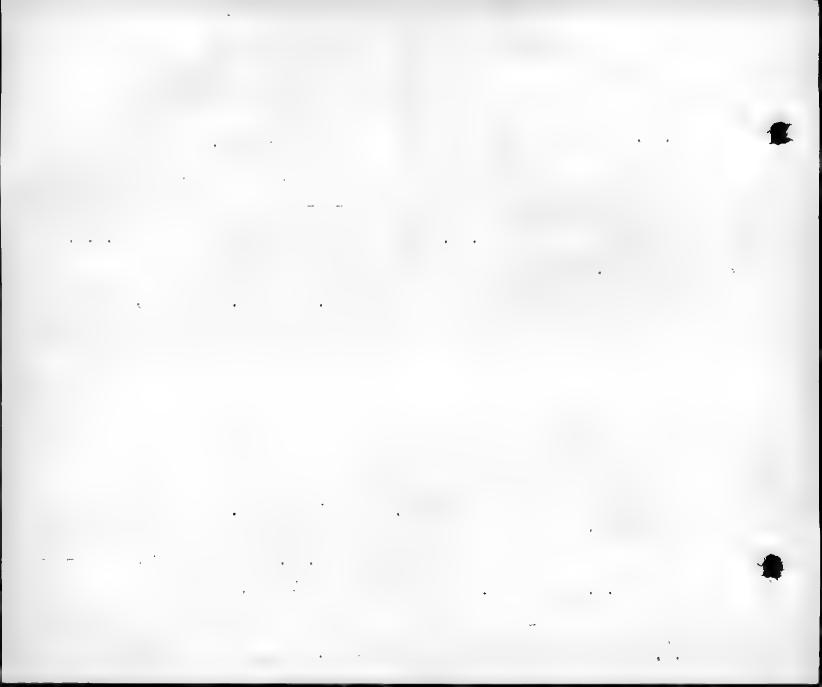
Virginia 245 REGISTRAR'S SIGNATURE

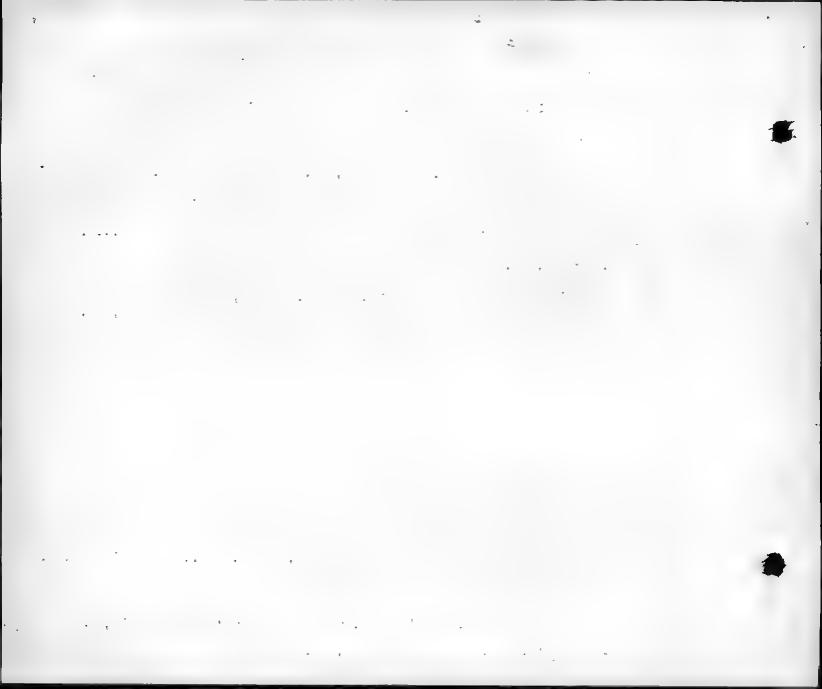
(State)

Home, Bethesda, Md.

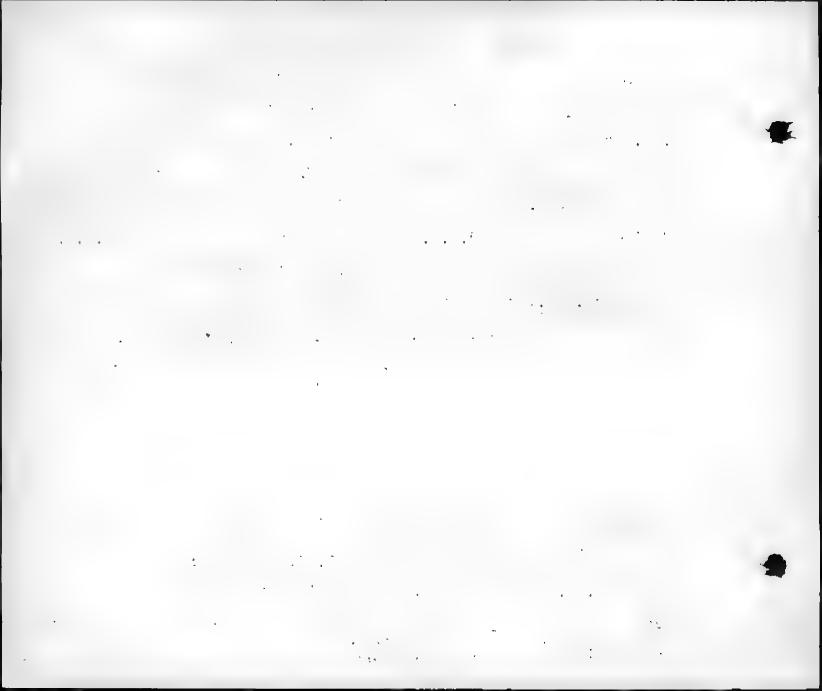
DATE 000 9 4 159

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



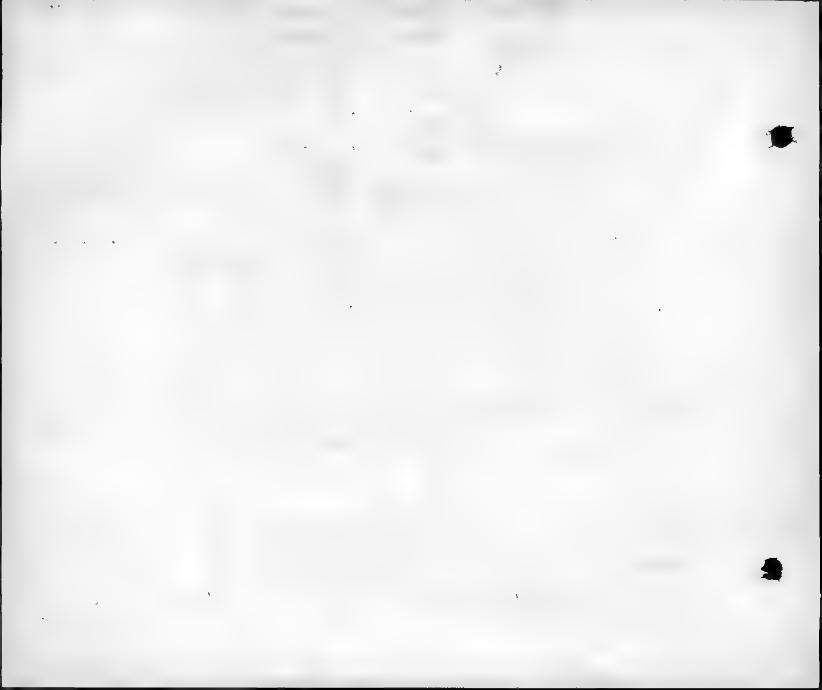
10499

Rea Dist No.

		414							- 1	ag. Disi.	140.	
1. PLACE OF DEATH 6 COUNTY	Montgomery		MARYLAN	H	o. STATE		here decessed Nevada			Residence		dmlasion)
b. CITY OF TOWN	(If autside corporate limits		c. LENGTH OF STAY IN	1ь		4.4	outside corpor	ate limits.		44141	11.1	lown)
RURAL ond give					dalahi	(1A)	HVd Mc	1-15-16 17	(78 M	A. Rei	20	1500
d. NAME OF HOSE OR INSTITUTION	PITAL (If not in hospital, giv	e struct d	address)		d STREET AL	7 3 1 - E	South		inia			S RESIDENCE
	Ver Sanitariu				१९५५म.	22¢/1	Pilygall.	Wer7.	14/94	17/)/		ES NO
3. NAME OF DECEASED (Type or print)	Fin Vi vi ar		Middle Stanlev		Thorp		4. DATE OF DEATH		Month		Day 21.	Yeor 1959
5 SEX			IED T NEVER MARRIED [B D/	ATE OF BIRTH		<u> </u>	9. AGE (In	years IF			UNDER 24 HRS.
Pemale .	White V	WIDOWE	DIVORCED	5				_ lost birt くちょう	hday) N	lonths D	рув Н	ours Min.
100. USUAL OCCUPAT	ION (Give kind of work do	ne 10b.	KIND OF BUSINESS OR IN	NOUSTRY	11. BIRTHPLA	CE (Stole	or foreign co	untry)		12 CITIZE	N OF V	VHAT COUNTRY?
during most of we	orking life, even if retired)				Can	ada					U.S.	
13. FATHER'S NAME	*			14	MOTHER'S	MAIDEN I	NAME			1		
William	Stanley				Un	know	n					
	PER IN U. S. ARMED FORCE	ES7 16. S			RMANT				Address 2725	-29th	1. ,S1	L., N.W.
	no			l'rs.	!!arjor	ie V	Frank	Land,	Wash	D.C.		
	EATH [Enter only one cove EATH WAS CAUSED BY- IMMEDIATE CAUSE (o)_	se per lin	no che	Tre	leme	יין אינג					INTERV.	AND DEATH
Conditions, if	ony, which } (b)		engestin	٠	Hear	1 %	Zarlu	<u></u>				20/
gave rise to couse (a), statin lying cause los	g the under DUETO		Myo ca	n di	Lis		<u>.</u>				7	lars.
ATI	THER SIGNIFICANT COND	ITIONS C	ONTRIBUTING TO DEATH	BUT NOT	RELATED TO	THE TERM	INAL DISEASE	CONDITIO	ON GIVEN	IN PART I	i P	WAS AUTOPSY ERFORMED? S NO
O THE EITHER NOTE	VAS UNDERLYING [] IG [] CAUSE OF DEATH PY MEDICAL EXAMINER]	ЮЬ. DESC	RIBE HOW INJURY OCCU	JRRED. (E	nter nature of	injury in	Part I ar Part	11 of item	18.)			
ZOc. TIME OF INJU Hour o. m p. m	10	20d IN While of work	Not while	factory,	OF INJURY (F street, affice	ome, forn bldg , etc	n, 20f (City	or tawn)		(Cou	inty)	(State)
	that I attended the e	decease	_	-	., 1936	10_5						the deceased
alive an	17/		garage and mar de	ain de	corred dig	T87.N	LL MI, TIGM ADDRESS (SH				date :	STOTEO ODOVE PATE SIGNED
ACTUAL SIGNATURE	I't Keit,	luc	her	M.D.	500	0.0	Keno	Ra	1 27	W.		9/25/5
NAME (Type)	Fleet Incl	kett			5000	Reno	Rd. N	W. W	ashi	n ten	, D.	Ç.
220 BURIAL, CREMAT REMOVAL (Specif	ION, 226. DATE THEREOF		22c. NAME OF CEMETER	Y OR CR	EMATORY		22d LOCAT	ION (City,	fown, or o	ounty)		(State)
Creams 51			Fort Lincel	In Ce	matary		Plade	nshur	g Rd.	•		Md.
23 FUNERAL DIRECTO	and the second s	. 2	ADDRESS			240. REC'	D BY REGISTI	RAR 24b		AR'S SIGN		
Chang Ch.	sactional !	120	20103 Wis.,.	Ave.	N.W.	DATE S	EP 28 "	23	Chi	hun &	Times	

more resolutions. The property of the complete ofter death, Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN; The law requires that the death certificate be executed within 24 haurg





15% director filed uneral å ,= filled completely popers. death puo corbon ofter physician remove haurs 72 ottending egse ā permit. gned . 22 physicion. buriol-transit Bos been certificate this After detoch ă Ild be FUNERAL D registror abod 0 VS A15 (4) 15M 9/58

10501 Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution: Residence before admission) p. COUNTY a. STATE b. COUNTY MONTGOMERY MARYLAND MONTGOMERY MARYLAND CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest tawn)
SILVER SPRING SILVER SPRING VIS. d. NAME OF HOSPITAL (If not in hospital, give street address) e. IS RESIDENCE OR INSTITUTION 516 d. STREET ADDRESS ON A FARM? STONINGTON ROAD 516 STONINGTON ROAD YES NO A 4. DATE NAME OF Middle First Month Year DECEASED OF DEATH 19 59 BERTHA MARTE TROUTNER SEPT. (Type ar print) IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRTH 9 AGE (In years 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED lost birthday) Months 2/18/86 **FEMALE** WHITE WIDOWED TO DIVORCED [73 yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Illinois U.S.A. Own home Homemaker FATHER'S NAME 14. MOTHER'S MAIDEN NAME THOMAS BRYAN JOHANNA REITCHE 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Mrs. Eugene C. Spangler, 516 Stonington Rd. INFORMANT NONE NO Silver Spring, Md. INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO Canditions, if any, which gave rise to immediate DUE TO cause (a), stating the underlying cause last, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS ALTOPSY PERFORMED? YES TO NO 🖃 20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part 11 of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Manth. Day, 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Year 20d. INJURY OCCURRED (County) (Stote) factory, street, affice bldg., etc.) Haur a.m. While Nat while at wark at work 21. I certify that I attended the deceased fram 19-17, that I last saw the deceased and that death accurred at 750 PM, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN'S DONALD NELSON NAME (Type) 22a BURIAL CREMATION. 22b, DATE THEREOF 22c. NAME OF CEMFTERY OR CREMATORY 22d. LOCATION (City tawn, or county) (State) REMOVAL Specify) Meadow Ridge Mem. Park Cemetery. Elkridge, Maryland 9/30/59 BURIAL 24b. REGISTRAR'S SIGNATURE ADDRESS SILVER SPRING, MD. 24n, REC'D BY REGISTRAR Orthun & Kraus DATE SEP 3 0 '59



40923	CERTIFICA	TE OF BEATT	Reg. D	st. No. ピエフ
n PLACE OF DEATH O COUNTY Montgomery	MARYLAND	o. STATE	ere deceased lived If institut on: Reside b COUNTY of Columbia	nce befare admission)
b City OR TOWN (if outside corporate imits, write c L RURAL and give neares) town)	ENGTH OF STAY IN 16		iolside corporate limits, write RURAL and	give nearest town)
Bethesda (Rural)	29 days	Washingto	<u>n 47.,.</u>	
d NAME OF HOSPITAL (If not in hospita, give street address OR INSTITUTION U.S. Naval Hospital, Betl		d STREET ADDRESS	arrivania C E	e IS RESIDÊNCE ON A FARM? YES □ NO 50
			sylvania S.E.	
3 NAME OF DECEASED (Type or print) William 1	Middle Henry	Inst TEXT	4. DATE Month OF DEATH September	24 19 59
		DATE OF BIRTH		TYEAR IF UNDER 24 HRS
Male White WIDOWED		7-15-86	last birthday) Manths	Days Haurs Min
10a USUAL OCCUPATION (Give kind of work done 10b. KIND during most of working life, even if retired)	OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (State	or foreign country) 12.C.T	IZEN OF WHAT COUNTRY?
(U.S. Navy)Did not work	after ret	ired Mic		U.S.
Allen TURK		Ada MATH		
	AL SECURITY NO	FORMANT	Address	
(Yes, no, or unknown) (If yes, give war or dates of service)			urk Same as	#2
18. CAUSE OF DEATH [Enter only one couse per line for	(o), (b), and (c).]	*		INTERVAL SETWEEN
PART I. DEATH WAS CAUSED BY:	of all	Carri	. when	ONSET AND DEATH
IMMEDIATE CAUSE (o)	Charles Co	<u> </u>		
A		1.11 da		1.
Conditions, if any, which gave rise to immediate	uemous	Co Co	comming &	1 year
cause (a), stating the under-		•	8 11	
lying couse last.			Cappingue	
PART IF OTHER SIGNIFICANT CONDITIONS CONT	R BUTING TO DEATH BUT	NOT RELATED TO THE TERMI	nal diseasé conditión given in Pai	PERFORMED? YES NO
	HOW INJURY OCCURRED	(Enter nature of injury in I	Part or Port II of item 18 j	
20c. TIME OF INJURY Month, Day, Year 20d. INJUR	Y OCCURRED 20e PLA	CE OF INJURY (Home, form	20f. (City or town)	Caunty) (State)
Hour o.m. 18 While	Not while fac	lory, street, office bldg., etc.		
	at work	50 64		
21. I certify that I attended the deceased f				ast saw the deceased
alive on 24 September, 19 59	, and that death	accurred a 2: 32P	M, fram the causes and an th	e date stated above.
		4	ADDRESS (Street, city or town, state)	DATE SIGNED
SIGNATURE DOUGLES ROK	ort.	AD. U.S. Nava	l Hospital, Beth	esda Md,
PHYSICIAN'S Douglas R. KOTH	LT MC USN	U.S. Nava	ıl Hospital, Beth	esda Md.
220 SURIAL, CREMATION 22b. DATE THEREOF 220	. NAME OF CEMETERY OF	CREMATORY	22d. LOCATION (City, town, or county)	(State)
Burlai 9-28-59	Rlington N	ational	Arlington Vi	rginia
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS / //	24a REC'I	BY REGISTRAR, 246, REGISTRAR'S SI	GNATURE
W.W. CHAMBERS 517 11th S	t. S.E. Wa	shingtonπD.	CSEP 3 0 '59 OME	of Straus

director, er death. Poge

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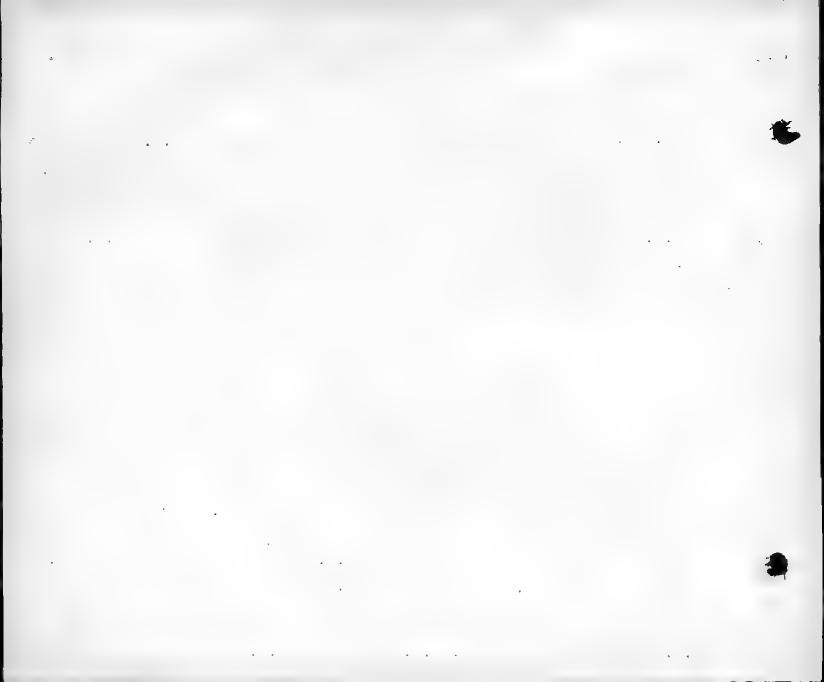
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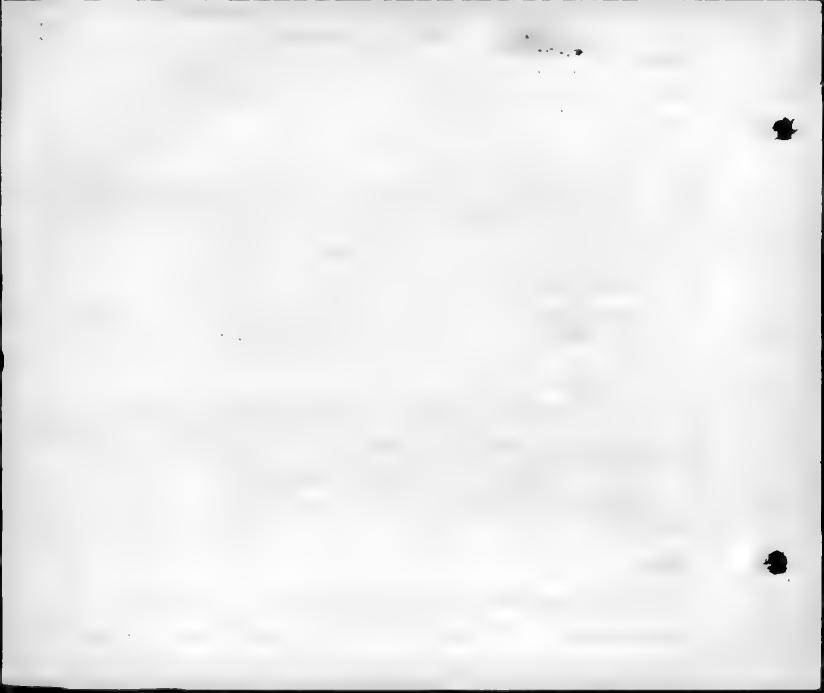
requires that the death certificate be executed within 24 hor hospital or attending physician After this certificate has been signed by ATTENDING PHYSICIAN: The law by the CTOR. TO FUNERAL VA page 3 should be the registrar price TO HOSPITAL

VS A1S (4) TSM 9/SB



certificate be executed







Bethesda,

10596

ON A FARM?

YES NO TO

Yeor

Item #2

12 days

PERFORMED?

YES NO T

(Stote)

DATE SIGNED

9-26-59

(Stote)

INTERVAL BETWEEN ONSEL AND DEATH

as

(County)

24b. REGISTRAR'S SIGNATURE

andres & Terans

24g REC'D BY REGISTRAR

DATE SEP 2 9 '59

19 59

moy be re. O FUNERAL F 9

VS A15 (4) 15M 9/58

23. FUNEBAUDIRECTOR'S TIGHATURE



								Keg. t	9131. 140.	
	LACE OF DEATH				2. USUAL RESIL	ENCE (Where dec		If institution, Resident COUNTY	ence befar	e admission)
	mont.	200001114	MAI	RYLAND	7 1 -	11.6		HISTORY Y	3	
Ь		autside carparaté limit	s, write c. LENGTH OF STA	Y IN 16	c. CITY OR	OWN (If outside o	orporate lin	nits, write RURAL and		rest tawn)
-	- 10 mm	122 rh1 32	4d . 4 d . 7		1 ~ 0	re l				
(d. NAME OF HOSPITA	AL (If not in haspital, gi	ive street address)		d. STREET A			,	1	e. IS RESIDENCE ON A FARM?
	1. 377/s	12 mars 2	11-+11-1		401	Discorto	fur Tit	1401-		YES NO T
	NAME OF DECEASED (Type or print)	Fig.	m / Midd		Los	OF		Month	Do;	y Yeor
S. S	EX	6. COLOR OR RACE	7- MARRIED NEVER MARI	RIED 🖂	B DATE OF BIRTH	1	9. AG	E (In years IF UND	ERIYEAR	IF UNDER 24 HRS
	7-	1 (MIDOMED () DIVORO		7?	-01	lost	birthdoy) Manths	Days	Hours Min
10a.	USUAL OCCUPATIO	N (Give kind af work d	fone 10b. KIND OF BUSINESS	OR INDUS	TRY 11. BIRTHPL	ACE (State or fore)	gn country)	12 0	ITIZEN O	F WHAT COUNTRY?
		ng life, even if retired)	E .	Trans.	12	,			13	SA
	FATHER'S NAME	· 1251 151	7. 1. 2. 1 (5) 1 + 3 4	76		insylva	110		-	_> 17
13	FAIRER 3 NAME	1.1			14 MOTHER'S	MAIDEN NAME	v			
	George	Wood			man	re B	19/64	,		4
15. V		IN U. S ARMED FORCE		O. 17. If	VIFORMANT /	//	6 015	Address	221	line saska
	no	yes, give wor or dotal or le	hrice)		Palser	I Cho	ect 1	leaner,	Luci	A Part
	18 CAUSE OF DEA	TH [Enter anly one cau	use per line far (a), (b), and (c)]					J. INTE	RVAL BETWEEN
		H WAS CAUSED BY	Charles in	C	nd net.	16 cchi.	int.	a mayor Ton	ONS	ET AND DEATH
\perp	11-150	IMMEDIATE CAUSE (o)	Daylor CCO -	- 0.0.		0.00	M.	The state of the s		<u> </u>
	4-20.0	DUE TO	Ar.	j	11	- f 1 .	,	*/ {		17
	Conditions, if an		MI U CE L JULI	C- L-	c 14 27	of and	6 n. 4			11/4/ 402 .
	gave rise to in cause (a), stating t									7
	lying cause last.	ne under-								
z		ER SIGNIFICANT CONG	DITIONS CONTRIBUTING TO D	CATH BUIL	NOT BELLYED TO	THE YERMAN AND PAR	CACE CON	DITION OF COLUMN		A MARC ALITORNA
CATION	برار	Cail + Cara.	hallila.	× S	, 1	102 L C	SEASE CON	DITION GIVEN IN PA	JKT 1(0) 15	PERFORMED? YES NO
CERTIF	200 ACCIDENT WAS	UNDERLYING CAUSE OF DEATH	206. DESCRIBE HOW INJURY	OCCURRED	. (Enter noture of	injury in Port I or	Port II al i	tem 18.)		
	(IF EITHER, NOTIFY									
MEDICAL	20c. TIME OF INJURY	Manth, Day, Yea	20d. INJURY OCCURRED	20e. PLA	CE OF INJURY (I	lome, form, 20f	(City or tow	n)	(County)	(State)
E E	p, m,	19	While Not while of work	100	rary, arreer, diffice	orogra etc.)				
4 1		t Lottendad the		75-7: (. 19 5 %	to Comment	. 33	10 5 7 4 1	1	w the deceased
1 1	" (A Contended the		7	/ *					
	alive on	7-1-1	, IV, and the	it death	occurred at.				the dat	e stated above.
	1	7	1 /	*		ADDRES	S (Street, ci	ly or town, state)		DATE SIGNED
	SIGNATURE	1 2266	i deanile	~	M.D. 0.130	16060	-1-26	Ca Koad		1/23/6
	PHYSICIAN'S NAME (Type)	Pussell	B. Arnold	M. D	, 5'861	w. S.	3 t p. 2	1.11		
220.	BURIAL CREMATION	, 226. DATE THEREOI	F 22c, NAME OF CE	METERY OF	CREMATORY.	228 10	CATION (C	ity, town, or county		(State)
1/2	REMOVAL (Specity)	9/2/1	10 1/2 .	- 02	1 6	1	4	/	1.7	(2,0,0)
22	STATE OF DISCOURSE	FIGURE STATE OF THE STATE OF TH	3 7 Thinks	164	ye Ce.	~ / /	Mul	unger	100	char.
23 F	FUNERAL DIRECTOR'S	SIGNATURE /	ADDRESS			24a. REC'S BY RE	GISTRAP O	246. REGISTRAR'S S	IGNATUR	E
~ J p	111111		/-	*		DATE		e/ Euchait	1 & the	and the

may be retained by the hospital ar attending physicion.

TO FUNERAL DESCRIPTION: After this certificate has been signed by the attending physician and comprehely filled in been funeral director, page 3 shauld, detached for use as the burial-transit permit. Then please remove carbon lopers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours ofter depth prior. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours VS A15 (4) 1SM 10/57

after death. Page 4



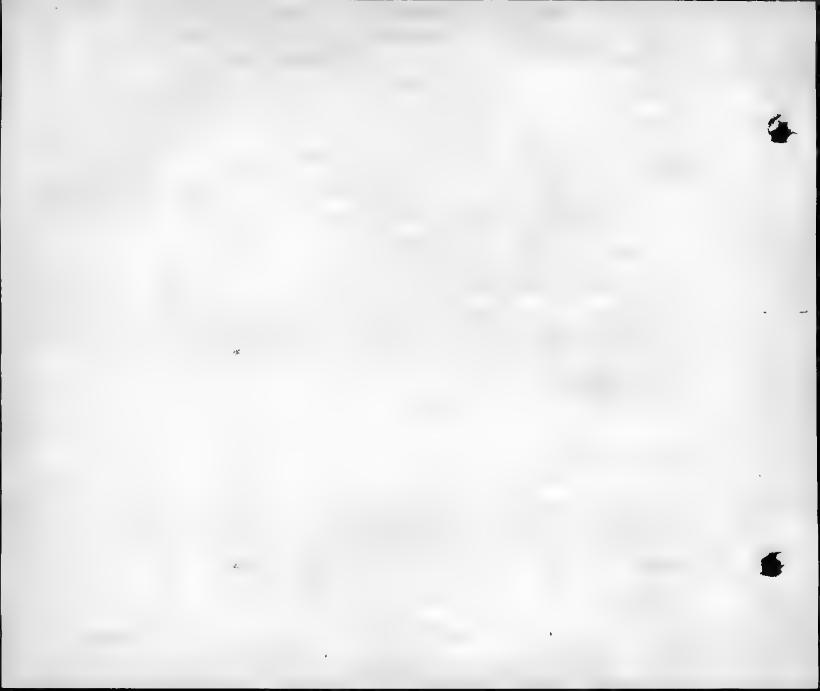
TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay synecessary, please exe-

The property of the control of the c	cute the car feat, writing the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral diff. Page 4 should be	forwarded a Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your file.	K A TO FUNERAL CAECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial. Tremption,	or removal.
5.	. A	15/	иЕ(1 55	5)
17				

ı		MARYL	AND STA	TE DEPARTA	MENT OF H	EALTH-BA	LTIMORE,	18	0508			
1		18525ME	DICAL I	EXAMINER	'S CERTIF	ICATE OF	DEATH	Reg. Dist. No				
	I. PLACE OF DEATH	MONTGOM	IERV	MARYLAN	O CTATE	DENCE (Where deced	sed lived. If institut b. COUNTY	ion: Residence bel				
	b. CITY OR TOWN	(If outside corporate limits, writ		ENGTH OF STAY IN 1		TOWN (If outside cor	porale limits, write	RURAL and give a	egrest (own)			
	and guy necres to	KSDA		4 Hove	s Wi	ASHINGT	TON,	4, ~	~			
	_	ITAL OR INSTITUTION (If not in hospital,	give street address)	d. STREET A	14 77	- 164	11 1	IS RESIDENCE ON A FARM?			
	SUBUL	XXXXX	CSPIT	AL	27//	GRORGI	AHUE	NW	YES NO			
	3. NAME OF DECEASED (Type or print)	Fir SAU/	ANNAH	Middle /	WELL WELL	302A DEATH	Month 9	Doy	Yeor 19 <i>55</i>			
1	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9 AGE (In years lost birthday)	IF UNDER TYEAR Months Days	1F UNDER 24 HRS.			
	FEMPLE	NECRO	WIDOWED 5	DIVORCED 🔲	12/25	1900	38 ym.	الأسا المبايا				
	during most of work	ION (Give kind of work ing life, even if retired)	done 10b. KIND :	OF BUSINESS OR INDU EKEENING	STRY 11. BIRTHPLA	CE (Stole or fareign of		12. CITIZEN OF	F WHAT COUNTRY? 7			
)	13. FATHER'S NAME				14. MOTHER'S A							
	Schomi		BURN			CR						
	15. WAS DECEASED E (Yas, no, or unknown)	VER IN U. S. ARMED FO			MFORMANT "	LELBORY	Address 647	1312671	einstein S			
Ī		ATH Enter only one cou	se per line for (a), {b), and (c). }	1 3.	į.		INTER	IVAL BETWEEN T AND DEATH			
	PART 1. DE/	ATH WAS CAUSED BY: IMMEDIATE CAUSE (6)	-nl	racesed	sinal Tr	andle &	lineo	6	Milles			
	X DUE TO CALLES CONT.											
	gave rise to immediate cause (b) Cretifical Chelleronelorenses											
	(a), stoting the underlying DUE TO											
		(c) THER SIGNIFICANT CON		BUTING TO DEATH BUT	I NOT RELATED TO T	HE TERMINALDISEAS	E CONDITION GIVE	EN IN PART I(a) I	P. WAS AUTOPSY			
	PART II. OT	K	HIRKA	1/1/11/19	2/1				PERFORMED?			
	20g. EXTERNAL CA	NUSE WAS 20	b. DESCRIBE HOV	W INJURY OCCURRED.	(Enter nature of inju	ury in Part I ar Port II	of item 18.)					
1		• SALKIBUTING LI										
	20c. TIME OF INJU		or 20d. INJUR While	Y OCCURRED 20e P	LACE OF INJURY (He	ome, form. 20f. (Cit)	r or town)	(County)	(State)			
		. 19	at work [at work								
		hat I took charge	A 4				nspection [],	Inquiry []	, and find that			
	death resulted	d from: Natural	couses X	Accident , S	uicide [], Ho	omicide [], U	ndetermined co	ovse .				
	ACTUAL SIGNATURE	trank J.	Bros	rhait-	m.v.	EDICAL EXAMINER			DATE SIGNED			
	EXAMINER'S NAME (Type)	FLANK	J. BA	oscha n		IT MEDICAL EXAMINE MEDICAL EXAMINER	- 6	7-18.	-59			
	220 BURIAL, EREMATI REMOYAL (Specify	ON. 276. DATE THEREO	959 Z	NAME OF CEMETERY C	PA CREMATORY	228. 10CA	TIONUCIA, JOWN, O	county) Rd	(Stole)			
	23. FUNERAL DIRECTO	S. C. Colon	often 4	ADDRESS NO		240. REC'D BY REGIST DATE SEP 2.2		TRAR'S SIGNATUR	-			
l;												



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 10509MEDICAL EXAMINER'S CERTIFICATE OF DEATH cremotion, Reg. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. COUNTY a. STATE **b.** COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL) c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES 🔲 NO 🗀 NAME OF Firet Middle DATE Month Lost Day Year DECEASED OF DEATH (Type or print) 19 5. SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (to years IF UNDER TYEAR IF UNDER 24 HRS. B. DATE OF BIRTH ical birthday) 3 to the Months Doys Hours WIDOWED [DIVORCED [With the yrs. 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? 5 C during most of working life, even if retired) and å 34 20 272617 1, 2, moy 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Pages 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT /Address Give /IB. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gove rise to immediate cause DUE TO (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY 80 PERFORMED? NO M 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING OF 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) CAUSE OF DEATH. should MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) factory, street, office bldg , etc.) Hour a. m. Not while at work at work 0. m. 21. I certify that I took charge of the remains described above, held an Autopsy , Inspection V. Inquiry XI, and find that ECTOR: death resulted from: Natural causes X, Accident . Suicide . Homicide . Undetermined cause . **\$** \overline{\text{F}} DATE SIGNED ACTUAL CHIEF MEDICAL EXAMINER SIGNATURE forworded FUNERAL ASSISTANT MEDICAL EXAMINER [7] removal DEPUTY **EXAMINER'S** DEPUTY MEDICAL EXAMINER NAME (Type) 24 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 0 20, 1959 Andrew Chanel Sept Malain. Virginia 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Funerá l' Fairfax, Va. Culling S. Frank VS. A15ME(5) 5M P/55



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may be retained by the hospital ar attending physician.

D FUNERAL TOR: After this certificate has been signed by the attending physicion and campletely filled in by the funeral director page 3 shaufu Je detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs after death.

ent

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs.

may be reta

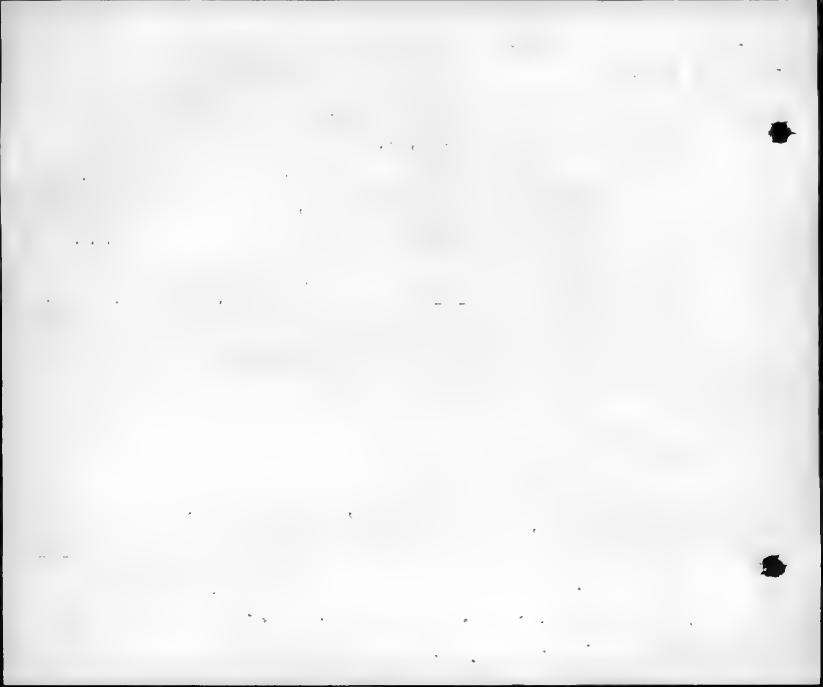
VS A15 (4) 15M 9/5B

fer death. Page

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CERTIFICATE OF DEATH

	£	Anna	42.00.00			Reg. Dis	I. No.
1.	PLACE OF DEATH COUNTY		MARYLAND	o. STATE		. If institution: Residence	e before admission)
<u></u>	Montgomery			Pennsyl			!
	 CITY OR TOWN (If outside corpore RURAL and give nearest town) 	ote limits, write	c LENGTH OF STAY IN 16	c. CITY OR TOWN	(If outside corporate li	mits, write RURAL and g	(ve nearest tawn)
	Bethesda		9 davs	Sidman	/	2 /	
	d. NAME OF HOSPITAL (If not in hos OR INSTITUTION	pital, give stree		d. STREET ADDRES	S		e. IS RESIDENCE ON A FARM?
_	The Clinical Cen	iter, Be	thesda lu, Md.	Box 9			YES NO
3	NAME OF DECEASED	First	Middle	Last	4. DATE OF	Month	Day Yeor
	(Type or print)	Ned	(none)	Westove		September	15. 19 59
5.	SEX 6. COLOR OR	RACE 7 MAP	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AG		YEAR IF UNDER 24 HRS
	Male Whit	WIDOW	VED DIVORCED	April 21,		63 yrs. Months	Doys Hours Min.
100	USUAL OCCUPATION (Give kind of during most of working life, even if	work done 10b	. KIND OF BUSINESS OR IND	USTRY 11. BIRTHPLACE (S	tate or foreign country)	12 CITIZ	EN OF WHAT COUNTRY?
M	echanic & Electri		unknown	Penns	rlvania	T	S.A.
	FATHER'S NAME			14. MOTHER'S MAID			
	John Edwin Westov	er		Ruth	Thompson		
15	WAS DECEASED EVER IN L S ARME	D FORCES? 16		INFORMANT The			
,	Yes WW I	Audi di sarvicaj	208-07-0097	The Clinical	L Center, E	ethesda 14,	Maryland
	18. CAUSE OF DEATH [Enter only	one couse per l	line for (o), (b), and (c)]				INTERVAL BETWEEN
	PART I, DEATH WAS CAUSE IMMEDIATE CA	D BY: O	perative cardi	ac arrest			onser and peath
	1101	DUE TO					
	Canditions, if any which)	A	cquired calcif	ic aortic st	en e sis		20 years
	gove rise to immediate	(b)					
	lying couse lost.						
z		(c)	CONTRIBUTING TO DEATH BU	T NOT BELATED TO THE T	AND SEASING LALALAGE	DIT ON G VENT NI BART	TOURS WAS ALTOPSY
CATION	PART IT OTHER STORTINGAR	II CONDITIONS	CONTRIBOTING TO DEATH BO	INOT REDATED TO THE I	ERMUNAL DISEASE COS	DIT ON GIVEN IN PAKI	PERFORMED?
CERTIFIC	20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF L	DEATH I	SCRIBE HOW INJURY OCCURR	ED (Enter noture of injury	in Port I or Port II of	item 18.)	
	20c. TIME OF INJURY Month, Do	y Year 20d	INJURY OCCURRED 20e. P	LACE OF INJURY (Hame,	form, 20f (City or to	wn) IC	ounty) (Stole)
MEDICAL	Hour o.m.	While	1 1	actory, street, office bldg.	elc.)	(0	(3.0.0)
	21. I certify that I offende	44- 4	September	r 6, 10 59 45	September 1	540 59-11	
	alive on September 1	2	el a		_4		
	alive on Depositives	72 12	$\frac{1}{\sqrt{2}}$, and that deal	h occurred aLLIV			date stoted obove.
	ACTUAL	1/	.7 1	(Th)	ADDRESS (Street, o		9-15-59
	SIGNATURE	1/av	my 1417	_ IT1.EF	Clinical		
	PHYSICIAN'S P V	J 0) N D			itutes of H	lealth
	NAME (Type) /E. Kel	nt Carne	ey, M.D.	Bet	thesda 14,	Maryland	
220	BURIAL, CREMATION, 226 DATE T	THEREOF	22c NAME OF CEMETERY	OR CREMATORY		City, town or county)	(State)
Ü	REMOVAL (Specify) 9-19-	-59	FOREST_LAN	in cem.	JOHNSTO	: IV N _	PA.
23.	FUNERAL DIRECTOR'S SIGNATURE	_	ADDRESS	24g.	REC'D BY REGISTRAR	246. REGISTRAR'S SIG	NATURE
	Robert a. 1.	icmpsh	ray Bethes	/ 1 /	SEP 1 7 '59	Calling	0 20
	7	-01.	T, incore	DATE DATE	API 1 - 00	Custimal .	Realis



1				MAR	YLANI	STATE DEP	ARTM	ENT OF HEA	LTH-BALT	MORE, 18		
				10:	531	CERT	TIFICA	ATE OF DEA	ATH	R] (eg. Dist. No.	0511
i director filed with		a. COUNT	DEATH Oak Cr	Monty	- way	County MA	RYLAND	2. USUAL RESIDENCE G. STATE	E (Where deceased I	ived. If institution b. COUNTY	Residence before	admission)
ath,		b CITY O	R TOWN (f autside corparate arest tawn)	limhs, write	C LENGTH OF STA	AY IN 1b	c CITY OR TOWN	(If autside carpora	te limits, write RUR/	AL and give neare	st tawn)
the funds		OakGre	st (lermentown		12 yrs	3). Oak Cre	st Traile	r Court G	ermantow	m Md.
d 2 d	X	d. NAME OR INS	of Hospit Titution	AL (If nat in haspita	I, give stree	t oddress)		d STREET ADDRE	55		, ,	IS RESIDENCE ON A FARM? YES NO
4 ha		NAME OF			First	M*de		Lost	4. DATE OF	Manth	Day	Year
fille ges		(Type or p			SLLA	KATHERIN		WILLIAMS	DEATH	Septemb		1959
with Pa		SEX	_			RRIED NEVER MAR		B. DATE OF BIRTH	9	last birthday) M	UNDER TYEAR IF	Haurs Min.
nplei			e learn	White	WIDOV		CED	JULY 18	1.896	63: yrs	12 CITIZEN OF W	(UAT COUNTRY)
com com		during m	ast at warl	ung life, even if reti	red)							HAI COUNIKT?
ond ban	N	3. FATHER'S	NAME	LIB		Homemaker		Darlin		<u> </u>	USA.	
ite b				(A)]						herine E	Beathley	
rtificate h physician imave car haurs off		S WAS DEC	rge EASED EVE		ORCES? 11	S. SOCIAL SECURITY N	NO TI	NFORMANT	TTGII IME	Address		
cert ig pl rem		(Ves. no. ar unkr No	own)	(If yes, give wor or dates	of service)	None:		Roy P. Wil	liams G	ermantown	Md.	
death ttendin please within			SE OF DEA	TH [Enter anly one	couse per	line for (a), (b), and (la.l	100 10 1022		02,111,21,001,12	LINTERY	VAL BETWEEN
atter orter wrtl				TH WAS CAUSED B		OYENAYY	be	elucion			ONSET	AND DEATH
t the the Ther		1 1 1	20,	DUE		7	4	0142144			7	11 N W (2)
that by th ii. Thy ny eve		Condit	ians, if a	ny, which)	D 6	OYONAYV	Axt	exuscley.	Sis		6.1	m outh
ired berm n ar		gave rise to immediate cause (a), stating the under:										
on. o sig		lying cause last, (c)										
aw /sicu beer fran	0	PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19 WAS AUTOPSY PERFORMED?										
has has rol-		S DIADETES MELLITIS, DEVEY & YES DINOX										
EAN: Tending ficate the bu		OR CON	[RIBUTING	S UNDERLYING A CAUSE OF DEA MEDICAL EXAMINE	TH	SCRIBE HOW INJURY	OCCURRE) (Enter nature of inju	ry in Part I ar Part I	af item 1B)		
r att certi e as			OF INJUR	Y Month Day,		INJURY OCCURRED	20e PLA	ACE OF INJURY (Home tary, street affice bldg	form, 20f. (City o	r tawn)	(County)	(State)
PH al a al a this this r use		WE WE	p. m.	1	9 at we	e Nat while at wark		,, , a., ba,				
NG split fer d for d		21. I c	ertify th	at I attended t	he deced	sed from _ G	July	, 1959, to	14 36	1959, the	at I last saw i	the deceased
NDI e be che crio		alive o	n	4 Sept	A 19	59 , and the	at death	occurred at 5/5	A:M, from th	e causes and	on the date s	tated above.
deto b			Q	1. 1/	. X	111				et, city or town, sta		DATE SIGNED
i e		SIGNATURE Inden Momith M.D. Baynesville, No. 14 Self 5										
retain RAL Di shauld strar pr	1	PHYSICIA NAME (T	N'S	ien M. Sm:	ith	Md. H	Barner	rille Wd.			Veder pair with when over adds and a war	
HOSPIT TOY be ranged by the registration of th		20. BUR AL,	CREMATIO	N 226 DATE THE	REOF	22c. NAME OF CE				ON (City, lawn, ar c		(State)
T DE OUT	2		(Specify)	9/17/59			Memor	ial Cemete	-	rland, M		
VS A1S (4)	71 <u>1</u>	3. FUNERAL	DIRECTOR	S SIGNATURE	2/1	ADDRESS Frederi	ok M	beafree	REC'D BY REGISTRA		AR'S SIGNATURE	
1SM 9/5B		Melu	ixa	reuses	47	1200011	one of the	DAT DAT	E OCT 1 O O	Civil	ms & Hours	1
				1/3	/							



10512 Reg. Dist. No. Baltimore e. IS RESIDENCE ON A FARM? YES NO K 1959 6 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours 12. CITIZEN OF WHAT COUNTRYS U.S.A. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES NO TH (County) (Stole) DATE SIGNED

b. COUNTY

9

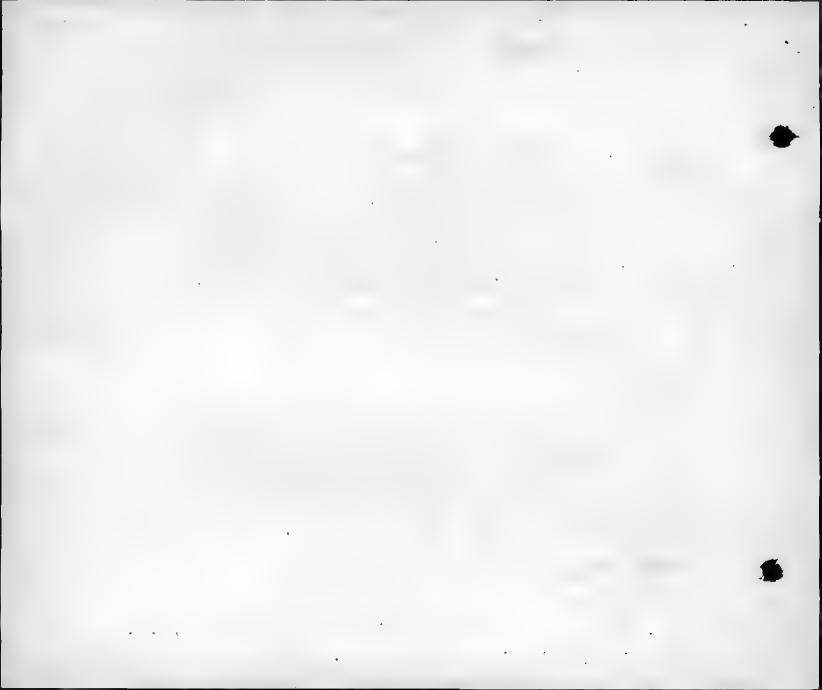
lost birthdoy) YES 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) Mary Grace Wilson Address Woodstock, Md. Mary Grace Wilson PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0)[19. WAS AUTOPS I 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Port II of Item 18.) 20e PLACE OF INJURY (Home, form, 20f. (City or town) . 19 59 that I last saw the deceased ____, and that death occurred at 3:30PM, from the causes and an the date stated above ADDRESS (Street, city or fown, stote) M.D Clarksville, Maryland Charles S. Whitaker. M.D. NAME (Type) 220 BURIAL, CREMATION, 225 DATE THEREOF 22¢ NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City/town_for county) REMOVAL (Specify) 23. FUNERAL-DIRECTOR'S SIGNATURE ADDRESS 240. REC D BY REGISTRAR 245, REGISTRAR'S SIGNATURE DATE SEP Orthung & France

9 VS A15 (4) 15M 10/57

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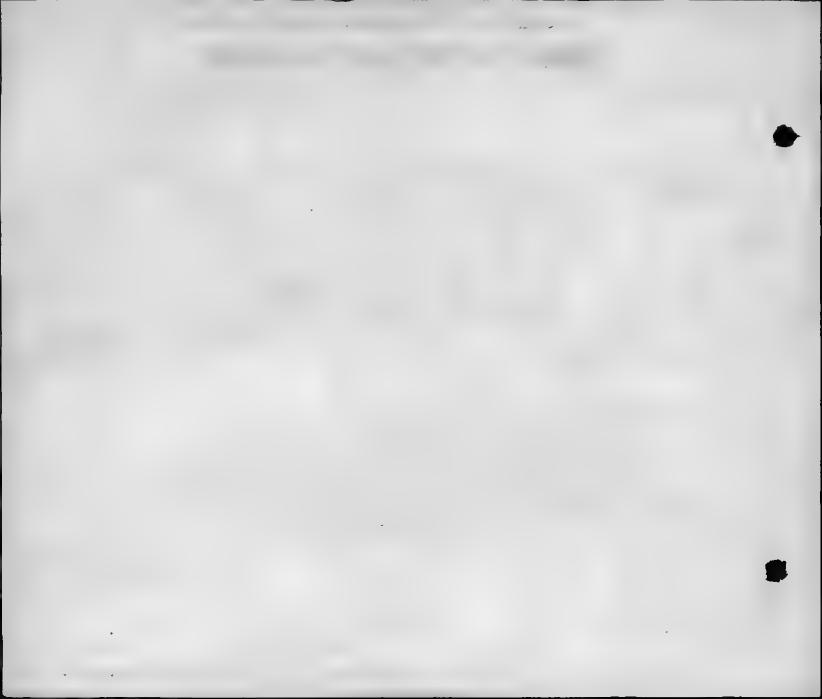


VS A15C 1-55 10M-

10514

10372 CERTIFICATE OF DEATH

Item 1 FilmG248 9-11-59 et		, , , , , , , , , , , , , , , , , , , ,
1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
COUNTY MONTE COME +3 MARYLAND	STATE District Of COLM	Mrs 0/2
CITY (If outside corporete limits, write RURAL / LENGTH OF STAY	CITY (If outside corporete limits, write RURAL and give neer	rest town)
OR end give negrest lown	rown Washington	20 4
HOSPITAL OR 17300 Baltimore Avenue STREET ADDRESS Haven Rest Home)	STREET (Il rurel give location) ADDRESS / 5-41 2 5 1 7 4 50	
S. NAME OF (First) (Middle) DECEASED (Type or Print) Myrtle May rive Well Of the May r	(Lest) 4. DATE (Month) OF DEATH Sept.	(Dey) (Yeer) 6, 19 5 9
Fem le White Aspecify wind Dec.	sinher 30,187/ 6/ yrs. Months	Deys Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	Washington, D.C	COUNTRY? FA.
13. FATHER'S NAME Dennis (a/ahan	Malvina Russell	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unk.) (If Yes, give war or dates of service)	17, INFORMANT & ADDRESS IV 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Manore, 35.
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	TIFICATION	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE AND ENTOS (8: C	esis, peneralized	206 Yrs 1
ANTECEDENT CAUSE(S) DUE LO	Thrombosis & Parlyeir	1. 412
DISEASES OR CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST. DUE TO	compressition	1084
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.		, , , , , , , ,
196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
	A STATE OF THE PARTY OF THE PAR	YES NO
21e. ACCIDENT WAS UNDERLYING. 21b PLACE [Home, ferm, factory. 2 OR CONTRIBUTING CAUSE OF DEATH OF INJURY street, office bidg., etc.]	1c. WHERE DID INJURY OCCUR? (City or town) (Coun	ity) {Stete}
21d. TIME OF INJURY (Month) (Day) (Yeer) (Hour) 21e. INJURY OCCURRED While NoT while et work	TH, HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from F	2, 1955, to 5, 19, 57, that I	last saw the deceased
alive on 25 4 2 , 19. 57, and that death occurred at	3.35-/At from the course and on the date state	d shove
SIGNATURE // CALL IN AND THAT DESIRED AND	ADDRESS (Street, city, town, state)	DATE SIGNED
" L'alterio et L'essama. "		cito 9-6-59
23. BURIAL; CREMATION, DATE THEREOF NAME OF CEMETERY OR I		(Siele)
Burer (SPECIFY) 9-10-59 Arlingto	n wational Ft Myer, Va	•
24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE		ADDRESS
DATE SEP 8'59 Cirthus & Krows	Lee Funeral Home . Wash	D C



0515CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write E. LENGTH OF STAY IN 16 a. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest fown) **BURAL** and give nearest town) shauld d. STREET ADDRESS e. IS RESIDENCE d NAME OF HOSPITAL (If not in hospital, give street address) ON A FARM? OR INSTITUTION YES T NO TO Nortess, cha 4. DATE NAME OF **First** Middle Month Year Doy OF DEATH DECEASED (Type or print) 001 19 2 9 AGE (In years FUNDER 1 YEAR IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED [7] B. DATE OF BIRTH lost by thday) Months Days Hours Min. DIVORCED [7] WIDOWED [100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 14. MOTHER'S MAIDEN NAME 13. FATHER'S NAME WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] ONSET AND DEATH RTHROSCLEROTIC PART I DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) U20.0DUE TO Conditions, if ony, which gove rise to immediate **DUE TO** cosse (a), stating the underlying couse lost PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO 20g. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 205. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stole) 20c. TIME OF INJURY Month. Day, Year foctory, street, office bldg., etc.) Hour o. m. While Not while of work of work D. m. 21. I certify that Lattended the deceased from APRIL 1959, to SEPTEMBER KO HS That I lost saw the deceased and that death accurred at 8:00 AM, from the causes and an the date stated above. ADDRESS (Street, city or lown, stot SIGNATURE PHYSICIAN'S NAME (Type) 229 BURIAL CREMATION, 226. DATE THEREOF TRAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town) of county) (Stote) REMOVAL (Specify) O 24b. REGISTRAR'S SIGNATURE 240, REC'D BY REGISTRAR 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS WORK VS A1S [4] SEP 1 5 '59 Orihun & Kroun DO DATE

death:

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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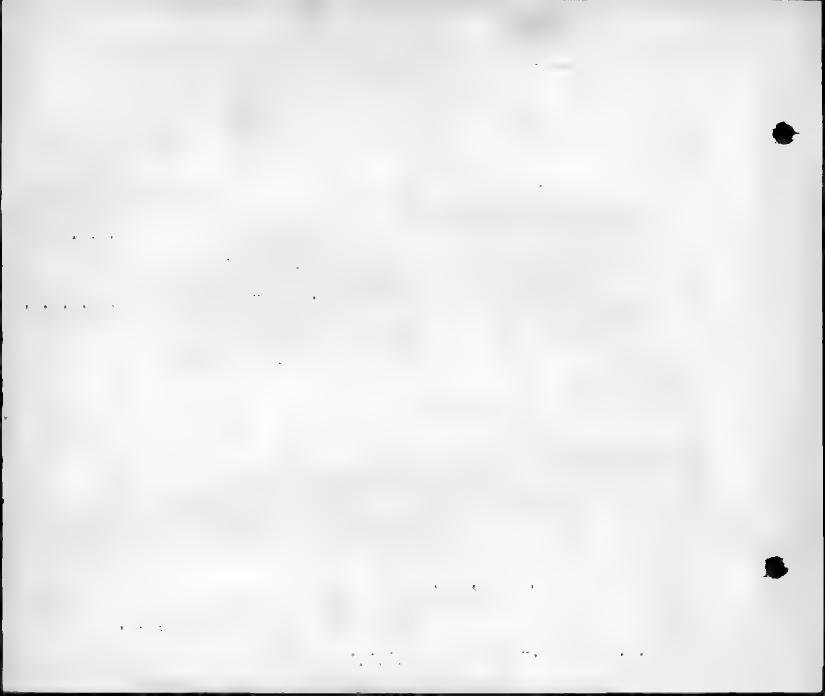
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VS A15 (4) 15M 9/55

Page

death.



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CERTIFICATE OF DEATH Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived If institution, Residence before admission) o. COUNTY b. COUNTY MARYLAND Montgomerv b CITY OR TOWN (If outside corporate limits, write c LENGTH OF STAY IN 1h c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town? Washington, D.C. Kensington d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d STREET ADDRESS e. IS RESIDENCE Kensington Gardens Nursing 31-15th Street N.E. home. YES NO NAME OF 4. DATE Middle Month Year DECEASED Sent. 14th.1959 NORA Mood (Type or print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS. B DATE OF BIRTH 9 AGE (In years lost birthdoy) S. SEX Months Dovs Hours White Female WIDOWED TX DIVORCED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. Washington, Pa. Housewife 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Agnes Miller William Hogue IS WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address Miss Lulu Hogue 31-15th St. N.E. (sister 390-106-P CAUSE OF DEATH [Enter only one couse per line or (0), (b) and INTERVAL BETWEEN PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT PLATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0). 19. WAS AUTOPSY PERFORMED? YES NO 20g ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy. Year 20d INJURY OCCURRED foctory, street, office bldg, etc.] o. m While Not while ot work at wark 9, 19__,that I last saw the deceased I attended the deceased frame 21. I certify that to and that death accurred at alive an from the causes and an the date stated above. ADDRESS (Street, city or fown, state) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) SURIAL, CREMATION 22b, DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d, LOCATION (City, town, or county). (Stote) Cedar Hill Cem. Suitland. Md 23. FUNERAL DIRECTOR'S SIGNATURE 24n, REC'D BY REGISTRAR 24b REGISTRAR'S SIGNATURE

SEP 1 7 '59

Cally & H

J.Wm. Lee's Sons Co 300-4th St.N.E.

director, iled with filed erai D .5 filled plei COM puo physician ğ mave guipe ᆲ gned te has been sig burial-transit p remaval, and i physician. ö ld be prior may be reind O FUNERAL F registrar

certificate

0 VS A1S (4) 15M 9/58



ter death. Page 4

ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 haurs

TO HOSPITAL OR

VS A15 (4) 15M 10/57

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

10518 Reg. Dist. No.

	1053	6	CERTIFIC	CAT	E OF DEATH	1		Reg. Dis	it. No.	0 40
1. PLACE OF DEATH o, COUNTY Montgomery	7		MARYLAN	- 11	USUAL RESIDENCE (Who o. STATE Florida	ere deceased	lived. If institution b. COUNTY	on: Resident	e before oc	Imission)
b. CITY OR TOWN (If RURAL and give ned	outside carporate limi	ls, write	c. LENGTH OF STAY IN 11	Ь	c. CITY OR TOWN (If or	utside carpor	ole limits, write RI	JRAL and g	jive negrest	lown
Bethesda			35 days		Fort Pierc	е	4.8	x-3		
d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	jive street o	oddress)		d. STREET ADDRESS				e, IS	RESIDENCE
The Clinic	al Center	Bet	hesda Ili, Md.		104 Indian	Hills	Drive			S NO DI
3. NAME OF DECEASED (Type or print)	Vic.	de	Middle Diane		Lost Young	4. DATE OF DEATH	Mont Septe		27,	Year 19 59
5. SEX	6. COLOR OR RACE		IED 🗋 NEVER MARRIED 🏿	B. D	ATE OF BIRTH	AD	9. AGE (In years left birthday)			INDER 24 HRS.
Female	White	WIDOWE	_		May 1, 19	-	yrs.			
10a. USUAL OCCUPATION during most of working	N (Give kind of working life, even if retired	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (State of	ar foreign co	untry)	12. CIT		HAT COUNTRY
Child			None		Georg				U.S.	A.
13. FATHER'S NAME				1	4. MOTHER'S MAIDEN N					
John H. Yo						B Elle				
15. WAS DECEASED EVER	IN U. S. ARMED FOR						Record Addr			
No	·			the_	Clinical Ce	nter,	Bethesda	Lille	Mary 1	and
		use per lin	e for (o), (b), and (c).]	n	1 1					L BETWEEN
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	1	Intracereter	al	Hemonto	ye			2	4 lus
Canditions, if an gove rise to imcause (a), stating the	mediate)	acrite hy		hveytec,	Leuh	line		1	yr .
200. ACCIDENT WAS	S UNDERLYING		ONTRIBUTING TO DEATH B					EN IN PART	PE	AS AUTOPSY ERFORMED?
	MEDICAL EXAMINER) Manth, Day, Ye 19	While	NOT while of work	PLACE factory	OF INJURY (Home, farm, , street, office bldg., etc.)	20f. (City	or lawn)	(C	ounty)	(Stole)
olive on Set	ot I attended the otember 27	decease 195	9, ond that dec	23. 1th oc	curred at 8:10	PM, fram	the causes a reet, city or town,	nd an th	ast saw to	the deceased tated above DATE SIGNED
SIGNATURE	-50000	(10-	COMMUN.	<u>Z_M.D.</u>	National			Heal	th	
PHYSICIAN'S NAME (Type) AT	thur R. Re	othmai	n. M.D.		Bethesda			77007	. Ort	
220. BURIAL, CREMATION REMOVAL (Specify)	, 226. DATE THEREC		22c. NAME OF CEMETERY	OR CR			ION (City, lown, o	r county)	G	(State)
23. FUNERAL DIRECTOR'S		, 14	ADDRESS WASh	VŞ	1 · W VV _	BY REGISTR	ico .		NATURE	4

Smoth definence in F. dnald . 12 HOUSE, TOOK THE PARTY AND ADDRESS. Once of Landing and Charles of the charles and the last the safe of the man in the second part of th The same of the base of the same of the sa bedge to the deep

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 10537

CERTIFICATE OF DEATH

10519

1. PLACE OF DEATH o. COUNTY	Montgomery	MARYLAND	2. USUAL RESIDENCE (W. o. STATE Mary.	here deceased lived. If ins Land b. COU		
b. CITY OR TOWN (RURAL and give n	If autside carporate limits, write earest town)			autside corporate limits, wr	ite RURAL and give r	nearest town)
Beth		7 days 11 hrs	· / Kensingto	on		
	TAL (If nat in hospital, give stree	et oddress)	d. STREET ADDRESS			e. IS RESIDENCE
OK INSTITUTION	Suburban Hosp	ital	10511 Whea	tley Street		YES NO
3. NAME OF DECEASED (Type or print)	Jan's	Middle	Zvirbolis	4. DATE OF Sep		Day Year 59
S. SEX	6. COLOR OR RACE 7. MA	RRIED X NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In y	eors IFUNDER 1 YE	AR IF UNDER 24 HRS.
Male	White WIDO	WED DIVORCED	April 16, 18	87 Ref birthd	yrs. Months Day:	Haurs Min.
10a. USUAL OCCUPATION during most of wor	ON (Give kind of work dane 10 king life, even if retired)	b. KIND OF BUSINESS OR INDU Uburban Trust	Lataria			OF WHAT COUNTRY?
	L13 -		, and the same of the	Unknown		
Carl Zvir		6. SOCIAL SECURITY NO.	INFORMANT (D.)		Address	_
(Yes, no, or unknown)	(If yes, give war or dates of service)		ija Boniewic	ter)	As above	
Canditians, if a gave rise to cause (a), stating lying cause last.	the under-	Ine for (a), (b), and (c). Mys Cun of Levins of S CONTRIBUTING TO DEATH BU	entie 4	20 t de	some o	STERVAL BETWEEN NSET AND DEATH TO STERVE THE
ZOG. ACCIDENT W		ESCRIBE HOW INJURY OCCURRI				PERFORMED? YES NO
20c. TIME OF INJU Hour a. m. p. m.	RY Month, Day, Year 20d. Whi	f.,	LACE OF INJURY (Hame, fatroctary, street, affice bldg., etc.	m, 20f. (City or town)	(Caun	(State)
alive an	hat I attended the decer HT 1, 19 Bondite	1-11	9 , 19 5 9, to h accurred at 3 2	7	s and an the do	aw the deceased ate stated above DATE SIGNED
PHYSICIAN'S NAME (Type) G	Beoditch Hu	inter, Jr.V				
220. BURIAL, CREMATIC BULLIAL BULLIAL		Parklawn (Rockvill		(Stote)
23. FUNERAL DIRECTO	R'S SIGNATURE	ADDRESS			REGISTRAR'S SIGNA	
Robert A.	Pumphrey 1	Bethesda, Mar	cyland DATE S	EP 1 7 '59	Orthun & H	MARIE

TO FUNERAL Drawn poge 3 should be d VS A1S (4) 1SM 9/SB

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